STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME irof street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. be may be WIDOWED. OR DIVORCED Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that (Month) and that death occured on the date stated above, at IIf LESS than 7 AGE I day hrs. ds. or min.? 8 OCCUPATION (a) I rade, profession or particular kind of work a (b) General nature of industry d business, or establishment in which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 11 BIRTHPLACE OF FATHER *State the Disrase Causing Death, or, in deaths from RENT Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE 13 In the At place OF MOTHER State vrs mos of death (State or country) Where was disease contracted, if not at place of death?.... 14 THE ABOVE IS TRUE TO THE BEST Former or usual residence (Informant) CIANS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Regugating V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CRISING DEATH, state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Without more processed in the duties of the Spinner, (b) Cotton mill; (a) should be used only when necded. As examples: (a) cases, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a: the kind of work and also (b) the the first line will be sufficient, c g. Ferrer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a (a) Foreman, Civil engineer, Physician, report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, (b) Automobile factory. The material Stationary fireman, etc. But in many Archi'ect, Salesman, (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PJERPERAL seplicaenia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUIGIDAL, or HONIGIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) inges, perilonaeum, etc., Carcinona, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite; Tuberculosis of lungs, men-Never report mere symptoms or terminal condideath), 29 da; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic Example: Measles (diseaso affection need etc. The valvular heart disease contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent urther correspondence. A it he data is essent al and must be obtained before the certificate is permanently filed.

V. S. No.

	PLACE OF DEATH County Oall	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 37
ficate.	Village or City Slorks (No. 2FULL NAME A - A Albrig	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	May White Single, Married, Widowed, Word (Write the word)	16 DATE OF DEATH 2 // , 1982 (Month) (Day) (Year)
s on	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Ma alive on 7 6 0 , 1932
statement of OCCUPATION is very important. See instruction	7 AGE If LESS than I day hrs. or min.?	
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs. mos. ds
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Devaise) (Devaise) (Signed) (Signed) (Address)
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of death yrs
	(Informant) This Have Durham	Former or usual residence
	Filed Jel 12 1923 2 B A Reura Registrar	20 UNDERTAKER ME C. Brooks + Sm Harks hel
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Foreman, 6 yrs). For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerthat fact may be indicated thus; Farmer (re without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal mine, etc. Womnot gainfully em-(6) Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept the term for the same disease. Examples: *Corebrespinal fever** (the only definite synonym is "Epidemi: *cerebrosspinal meningitis"); Diphtheria avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(1) letanus) may be stated under the head of "contributory." (Recommendations on American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, "Inanition," "Marasmus," "Old Age, Snock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely s; mptom-(secondar/ or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-"Atrophy " "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic valeular statement of cause of etc. The contributory Nomenclature Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is e-sential and must be obtained before the certificate is permanently filed

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Further cre-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domes. Housemaid, etc. to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Foreman, especially in industrial employments, it is neces-For many occupations a in domestic service for wages, as Servant, Could or At Farm laborer, Laborerwithout more precise specification as Day Home, and children, (b) Automobile If the occupation has been changed factory. The, material single word or term on -Coal mine, etc. not gainfully persons en-Grocery

spinal meningitis"); Diphtheria (avoid use of "Croup Typhaid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," ed term for the same disease. Examples: Cerebjospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Distime and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro-

> (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on teanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy" Exhaustion, "Heart failure," "Haemorrhage, Examples: Accidental drowning; Struck by railway trainperitonacum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi interstitial nephritis, death), 29 ds.; Bronchopncumonia (secondary) FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all "Dropsy,

permanently filed If this certificate is looked over thoroughly and all questions rered in detail, it will prevent further correspondence is essential and must be obtained before the cert must be obtained before the certificate is All the

RESERVED MARGIN

of Just

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

'telanus') may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; Nomenclature of the The contributory

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state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, us At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Lahorer," "Foreman," "Manager," "Deal-Spinner. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthaborer, etc., Foremun, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs. For persons who have no occupation Farm laborer. (b) Cotton mill; (a) Salesman. without more precise specification as Day Laborer-Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tetanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by curbolic acid - probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menfracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the Always qualify all

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N. B.

D. Every item of IYSICIANS should Exact statement of

HEALTH DEPARTMENT-CITY OF BALTIMORE

61359

DEALID	DELYKIMI	ENI CI	I I OF	DALITHO	11
			_		

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH. CITY OF BALTIMORE: (No. Howard Rd - Sadh	Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurredyrs	mosds. How iong in U.S. If of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No. 10.001 (Usual place of abode)	Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (month, day, year) 22, 193 22. L. HEREBY CERTIFY, That I attended deceased from 1932 to 1932
HUSBAND of	I last saw h
6. DATE OF BIRTH (month, day, year) 2/22/32	to have occurred on the date stated above, atm. The principal cause of death and related causes of
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	importance were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	rentury
this occupation (month and spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Robert L. Gently	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Wes therean autopsy?
15. MAIDEN NAME () . () Les.	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?Date of injury
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT (Address)	piace. Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	
Place gie /untelule Date 19.	Nature of injury
19. UNDERTAKER(Address)	24. Was disease or injury in any way related to occupation o deceased?
20. FILED Registrar.	(Signed) M. D. (Address) 1044). Medson of.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I The principal cause of death and related Date of onset causes of importance were as follows:	Example II The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921	Run over by strect car	1 week ago
Cerebral hemorrhage July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR EXITHER STATEMENTS BY PHYSICIAN

K.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01360
1. PLACE OF DEATH ,	
county Baltimore	Registration Dist. No.
Village or City Catonoirle Spri	no Garno State Hopetalsi, Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME State Dogas.	
(a) Residence: No. 1346 Weldon a	Chialko. Mil
(a) Residence. No. 13 Cusal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Service (write the word)	21. DATE OF DEATH LEBRURY 13 (Yaer) (Month) (Day) (Yaer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. Norto 1930 to Feb. 13 1932
6. DATE OF BIRTH (month, day, and year) Open 8/1860	1 lest sew h. en elive on Feb 12, 1932; deeth is seld
7. AGE Years Months Days If LESS than 1 day, hrs.	to hava occurrad on tha date steted ebova, at .m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
8 Trada profession or particular	wera es follows: Date of onset
8. Ifada, profession, or particular kind of work dona, as SPINNER, DWSSmaller SAWYER, BOOKKEEPER, etc.	A
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc 10, Data deceesed last worked at this occupation (month and	Thy ocar deter 1 yr.
O 10. Data decessed last worked at this occupation (month and yaer) occupation occupation	
12. BIRTHPLACE (city or town)	Other. Contributory Causes of Importance:
(State or country) Resquia	Ch. Inter Ophretis 120
13. NAME JRO. L. Dogge.	
13. NAME TROND TO TOWN).	Name of operation Dete of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lusan Chandler	23. If deeth was dua to externel causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Data of Injury, 19
17. INFORMANT Majorie Doggo.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) / By burdlander	Manager of talum.
Place Sudon Park Cenoste Feb. 16, 1932	Manner of injury
19. UNDERTAKER LUM Cook	24. Was diseesa or Injury in eny wey related to occupation of deceased? 20 :
(Address)	(Signed) 1064 E Gavet M. D.
20. FILED	(Address) Cat onserle Md.
If more blanks are needed, address State Beststrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it 1 ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, House household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; ployed, as At "chool or At home, (are should be taken, (a) Foreman, (b) Automobile factory. The material ured 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook to report specifically the occ pations of persons enwhatever, write None. Housemaid, etc. usiness, that fact may be indicated thus: Farmer Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At without more precise specification as Day Home, If the occupation has been changed and children, not gainfully em-

ed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Ppeumonia." Statement of Cause of Death-Name, first, the Dis

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the Buoff

ertificate is permanently filed.

answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

H

men inges, peritonacum, etc., inqualified, is indefinite); Tuberculosis of lungs, menhead conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes;(name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Con-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Possened by carbolic acid-probably sulcide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "PUERPERAL septicuemia." "PUERPERAL peritonitis," his certificate is looked over thoroughly and all quesof "contributory." of cause of death approved by Committee on -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-Always qualify all The contributory (disease (merely terminai (second-

	61362
PLACE OF DEATH	STATE OF MARYLAND
County Daltinon	CERTIFICATE OF DEATH
Cockeypville	Registration Dist. No.
Village or City Galtimon, Md. Mo.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 0 1982
March 30th, 1866 (Month) (Day) (Year)	that i lagress have sive on from 12 , 192
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 12 m. The CAUSE OF DEATH * was as follows: COOCUMENTAL LOVES
8 OCCUPATION (a) Trade, profession or Petrico James particular kind of work	<u> </u>
(b) General nature of industry business, or establishment in which employed or (employer)	2 Duretion) To 6 mag 10 do.
9 BIRTHPLACE (State or country) Assarcha D. Vyginia.	Contributory Secondary (Duration) yrs
FATHER John Carminius Puchanan	(Signey) One 8 moon M. D.
OF FATHER (State or country lugueta Co Vivania.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Deplia Cornell 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) au 6 Oucleaseau	if not at place of desth?
(Address) Corkeeped ille, MS.	Marktin M BATE OF BURIAL CER. 14, 1932
Filed Jul 13 1932 BB Respiter	Wm C Broket &m Spare, Md.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specimeaning, etc. Womloborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, c.g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report Foreman, 6 yrs). For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury. occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart and consequences (e. g., sepsis etc. affection need The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

ould be carefully supplied.

item of infor-

of occupa.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11363)	
1. PLACE OF DEATH		
county Dalfinde	Registration Dist. No. 30	
Village or Gity Egfonoulle Spr	emos Trave Asspilat St. Ward	
Length of residence In city or town where death occurred 12yrs 4 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs	
m 1 - 0- 12	0 6	
2. FULL NAME Has Colle of Much	cher Galtompre ma	
(a) Residence: No. 10 rung (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
tenal wate widwed	(March) (Day) (Year)	
5a. It married, widowed, or divorced HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from	
(01) WIFE OI CENTRUSTON	Oct 22, 19/9, 10 Feb, 28, 1932	
6. DATE OF BIRTH (month, day, and year) Left 1/1860	I last saw h Re alive on Feling 27, 1932, death is said	
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4-m.	
7/ 5 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,		
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc	Cha E. diand 7 - 121.	
O 10. Date deceased last worked at this occupation (month end spant in this	The state of the s	
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
13. NAME TRO. Hoarn ston	Car, and apprehing The	
	Name of operation Date of	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an au*opsy?	
15. MAIDEN NAME Louise Zeiglan	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur?	
17. INFORMANT Mess alustin (Address) Conformale M. 2	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Not Clubb (am Date Mar. 1 , 1922	Nature of injury	
19. UNDERTAKER Wm. Jef Sickous + Sons	24. Was disease or injury in any way related to occupation of deceased? 200	
(Address) now + Pa	If so, specify	
20, FILED 7 2 9 , 192, Fland	(Signed) Poor Garnett M. D.	
Registrar.	(Ardress) Caronovile M.	

Registrar. | (Address) | If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S) N		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

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(Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(E haustion," "Heart failure, liaemonnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., o: Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; and consequences (e. g., sepsis etc. The contributory

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County. Batters of DEATH County. Ward Langth or reidence in city or town where death occurred. Ward Langth or reidence in city or town where death occurred. Ward Langth or reidence in city or town where death occurred. Ward Ward. Hence of death occurred in a hoppin (Trainabilition, are in NAME instead of stront and number) Ward. Hence of death occurred in hoppin (Trainabilition, are in NAME instead of stront and number) Ward. Hence of death occurred in hoppin (Trainabilition, are in NAME instead of stront and number) Ward. Hence of death occurred in hoppin (Trainabilition, are in NAME instead of stront and number) Ward. Hence of death occurred in hoppin (Trainabilition, are in NAME instead of stront and number) Ward. Hence of death occurred in hoppin (Trainabilition, are in NAME instead of stront and number) Ward. Hence of death occurred in hoppin (Trainabilition) Ward. Hence of death occurred in hoppin (Trainability) Ward. Hence of the occurred in hoppin (Trainability)	STATE OF MARYLAND—	CERTIFICATE OF DEATH 61366
Village or City. Ward Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Ward Length of residence in city or town where death occurred. Ward Length of residence in city or town where death occurred. Ward Length of residence in city or town where death occurred. Ward Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SEX L. COLOR OR BACE OR WORKEN Shift in the word or t		(131)
Langth of residence in city or fown where death occurred. Ward. It nemerates the property of the city of the cit	County Baltimore Como	regland. Registration Dist. No. 42
Langth of residence in city or fown where death occurred. Ward. It nemerates the property of the city of the cit	Q, 1 +	0 611/2
2. FULL NAME (a) Residence: Mo. (Uniaplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(2) Residence 100 (Unsiplee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BIVOREDAMIC the word	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 3. SEX 4. COLOR OR RACE OR DIVORED Softic the word) 5. If married, widowed, or divorced HUSBADO OF DEATH C. COLOR OF RACE OR DIVORED Softic the word) 5. If LESS than 10 Sey 11 LESS than 10 Dete deceased last worked at worked at Seyphon than year) 12. BRETHPLACE (city or town) (Siete or country) 13. NAME 14. COLOR OR RACE OR DEATH C. Color of divorced 15. STRONG profession, or particular word 16. STRONG profession, or particular word 16. STRONG profession, or particular word 17. ACE 18. STRONG profession, or particular word 18. SAWYER, BOOKREPER, etc. 19. 3. The FRINCIPAL CAUSE OF DEATH and related causes of importance were estollows. 19. Dete deceased last worked at 11. Totel time (years) 19. Dete deceased last worked at 12. Sep. m. 19. Determined the determined by the separation of the separation. 19. SAWYER, BOOKREPER, etc. 19. ACC. 10. Indoor volume to the determined by the separation of the separation. 10. Determined the determined diagnosis worked at 13. NAME 19. STRONG profession, or particular word on the determined by the separation of the separation. 19. SAWYER, BOOKREPER, etc. 19. SAWYER, BOOKREPER, etc. 19. SAWYER, BOOKREPER, etc. 10. Determined the separation of the separation of the separation. 10. Determined the separation of the separation. 10. Determined the separation of the separation. 10. Determined the separation of the separation. 10. Separation of the separation of the separation. 10. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER 19. Separation of the separation of the separation of the separation of the separation. 19. UNDERTAKER 19. Separation of the separati	2. FULL NAME James Ce. Jam	phell
PERSONAL AND STATISTICAL PARTICULARS 3. SIX	(a) Residence: No. 2 Link ave arbie	
3. SEX AL COLOR OR RACE ON DIVORCO Since the world Seat Missale Seat M		
58. If married, widowed, or divorced HUSBAND of Charles and Company Co		
HUSBAND of Control of	Wale white, S. Single Make 19 Wille the word)	February 24, 193.2.
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days ITLESS than I day	5e. If married, widowed, or divorced HUSBAND of	22 LEDEBY CERTIEV That Lattracted described from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than I dey,	fillian D. (ampbell	10 10 -11 -11
T. AGE Years Months Days If LESS than I dey. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Were es follows: Were decessed last worked at the compation of the compation of the contributor of the country of the	S DATE OF RIPTH (month day and year) 200 - Feb 186	
8. Trede, profession, or particular than the profession of particular than		to have occurred on the dete stated above, at 212 m.
8. Trede, profession, or patitudes 8. Trede, profession, or patitudes 8. A Trede, profession, or patitudes 9. A Land of the profession of patitudes 9. A Land of the patitudes 9. A Land		were on follows:
SAWYER, BOOKKEPER, etc. 10. Dete decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR EMOVAD Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) M. D. Cautributery Causes of importance of importance of contents of the properties of the properti	8 Trade profession or particular	arterios clerosis. Date of onsot
12. BIRTHPLACE (city or town) (Stete or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR ENOVAD Place 19. UNDERTAKER (Address) 20. FILEDELIAM 19. 2 Learner Other Coatributory Causes of importance: Other Coatributory Causes Other Coatributory	SAWYER, BOOKKEEPER, etc.	
12. BIRTHPLACE (city or town) (Stete or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR ENOVAD Place 19. UNDERTAKER (Address) 20. FILEDELIAM 19. 2 Learner Other Coatributory Causes of importance: Other Coatributory Causes Other Coatributory	9. Industry or business in which work wes done, es SILK MILL	Certinal Henrockage
12. BIRTHPLACE (city or town) (Stete or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR ENOVAD Place 19. UNDERTAKER (Address) 20. FILEDELIAM 19. 2 Learner Other Contributory Causes of importence: Other Contributory Causes Other Contributory Causes Other Contributory Causes Other Contributory Ot	SAW MILL, BANK, etc.	myo cardial desensation
Other Costributory Causes of importance: Other Costributory Causes Other Costributory Causes Other Causes of importance: Other Costributory Causes Other Costributory Other Costribu		and failure
(Stete or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATON, OR ENOVAD Place 19. UNDERTAKER (Address) 20. FILESCHAMA 19. 3. Place 19. UNDERTAKER (Address) 20. FILESCHAMA 19. 2. Lamber of operation Neme of operation What test confirmed diagnosis funcial funcions and state on europsy? The way whether injury occurred in industry in Home, or in Public Place. Specify whether injury occurred in INDUSTRY, in HOME, or in Public Place. 18. BURIAL, CREMATON, OR ENOVAD Place 19. UNDERTAKER (Address) (Signed) (Signed) M. D. (Signed)	1.0 8	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMAND, OR EMOVAD Place 19. UNDERTAKER (Address) 20. FILESCHAMA 19. 3. He bounded Neme of operation What test confirmed diagnosis would for the following: What test confirmed diagnosis would for the following: What test confirmed diagnosis would for the following: Accident, suicide, or homicide? Specify or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury Neture of injury Neture of injury (Signed) (Signed) M. D.		Couls Judigestion 1 day
What test confirmed diagnosis 200 (Address) 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	1 20 111	
What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	E 10. Main Justinas Caryotaca	1/10
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR LENOVAD (Address) 19. UNDERTAKER (Address) 23. If death was due to external ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any wey releted to occupetion of deceased? If so, specify (Signed) M. D.	14. BIRTHPLACE (city or town)	Neme of operation
(Specify city or town, county and State) 17. INFORMANT ACTION OR (ENOVA) 18. BURIAL, CREMATION, OR (ENOVA) Place Maria Middle Date Title 27 1, 193. 2 Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any wey releted to occupetion of deceased? 16 so, specify (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any wey releted to occupetion of deceased? If so, specify (Signed) M. D.		
(Specify city or town, county and State) 17. INFORMANT ACTION OR (ENOVA) 18. BURIAL, CREMATION, OR (ENOVA) Place Maria Middle Date Title 27 1, 193. 2 Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any wey releted to occupetion of deceased? 16 so, specify (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any wey releted to occupetion of deceased? If so, specify (Signed) M. D.	H. J. Williams	1.
Specify city or town, county and State) 17. INFORMANT ALTERISED Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of Injury Neture of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any wey releted to occupetion of deceased? If so, specify (Specify city or town, county and State) Menner of injury 24. Was disease or injury in any wey releted to occupetion of deceased? If so, specify (Signed) M. D.	State or country)	
18. BURIAL, CREMATION, OR LENOVAD Place Street Middle Date File 27 193 2 Menner of Injury 19. UNDERTAKER 24. Was disease or Injury In any wey releted to occupetion of deceased? (Address) 27 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Markort BC - LOOK	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR LENOVAD Place Wilder Date Field 7 193 2 Neture of injury Neture of injury 19. UNDERTAKER 24. Was disease or injury in any wey releted to occupetion of deceased? The lift so, specify 20. FILE PLANT 193 2 Let Market fele (Signed) Annual Wilder M. D.		
Place Middle Date Middle Date Market 1932 Neture of injury 1932 Neture of injury 1932 Neture of injury 1932 Neture of injury In any wey releted to occupetion of deceased? 24. Was disease or injury in any wey releted to occupetion of deceased? If so, specify (Signed) Middle Market		Menner of Injury . Tho
(Address) (2/7 Hours of the Specify (Signed) Annual Whelson M. D.	Place Midgl. Date Febra 1-, 1932	Neture of injury.
20. FILESTERING 1932 German M. D. (Signed) James Wilelson M. D.		710
20. FILEDINA PLANTING TO A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 Act 32 H 1 11 11.	lean read 1 He bear
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registrar.	(Andress) 1120 St Paul St?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3.		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. T. Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDIN

V. S. No. 1

County Ballemore	STATE OF MARYLAND
County /Jallimore	CERTIFICATE OF DEATH
7 < 1'0	(64-6) Registration Dist. No.
Village or City Ourney hulls (No. How 2 FULL NAME Raymond Ha	cewood State Trainings. Schowlard) (If death occurred a hospital or institution, give its NAME; stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Oct 17, 1932
6 DATE OF BIRTH	(Month) (Day) (Year).
Llec 19 19	08 Tel 16 1982 to Tet 17 13
	Year) that I last saw h mualive on Teb 17 , 197
7 AGE If LES	
23 yrs. 1 mos. 28 ds. or	
particular kind of work (b) General nature of industry School or owing business, or establishment in which employed or (employer) mill multiple of the country of the coun	Suffection (Duration) yrs. mos 2 Contributory Secondary
10 NAME OF FATHER Ventor Carter	(Signed) George C, Melany M. Det 17 1932 (Address) Ownly Mills,)
OF FATHER Z (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rose H. Leonard	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Virginia	At place 5 yrs. 2 mos. 14ds. In the 23 yrs. 1 mos 28
(Informant) Processed State France (Address) School Owning Smill	Where was disease contracted, at Place of Death if not at place of death? Former or usual residence 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL.
15 Filed Let 18 192 Jack Registr	20 UNDERTAKER ADDRESS, ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesdefinite salary, may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer. Farm laborer. Laborer—coat men at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ochousehold only not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. that fact may be indicated thus; Farmer (re-(b) Cotton mill; (a) Solesman. without more precise specification as Day (b) Automobile factory. The material Luborer-Coal mine, etc. Womperson, irrespective of duties of the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., scpsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such; if impossible to determine dofinitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
4.6	County Out County	Registration Dist. No. 37
RECORD d EXACTLY rrly classifile ificate.	Village or City. Lee 1 Do Olfo by 9 2 FULL NAME ada Linsa	St.: Ward) (If death occurred in a hospital or institution, give its NAME interest and humber.)
Stated properly coertifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAIN Id be ay be	Fenale a COLOR QR RACE S SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word)	(Month) (Pay) (Year)
PER PER Sho	6 DATE OF BIRTH	3 that I last saw h 5 alive on 1982
0 0	(Month) (Day) (Year) I AGE If LESS th	and that death occurred on the date stated above, at
FOR THIS piled ms s instru	1 dayh	NAME OF THE PARTY
200	8 OCCUPATION (a) Trade, profession or	
RESERVE IN ITEDING IN ATH IN plair Important.	particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) Muchigan (SC	Contributory (Duration) yrs mos of ds. Contributory (Duration) yrs mos of ds.
ARGIN TH UN should of DE	10 NAME OF Gugust Wilkops	(Signed) Age of Address) Garage Syvelling
Non SEUSE	II BIRTHPLACE OF FATHER (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
AINLY, formati	of Mother Eleanor Helling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
PLA d st	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmos. da. State,yrsmos. da.
TE m of hould	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLENGE	Where was disease contracted, if not at place of death?
Every iten	(Address) Suttendle me	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL Sherwood-Cockerould Cet. 4, 1937
w si	Filed Jul 3 19282 B. R. Recintrar	20 UNDERTAKER Chooks IIm Sparks and
	of more blanks are needed, address State Registi	rar. 16 W. Saratoga St., Balto., Requestive V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter stutement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, cupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (l) Crocery; should be used only when needed. As examples: (a) L..ture of the business or Industry, and cases, papecially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Etate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ pations (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs.). For persons who have no occupation laborer, Farm laborer, Laborerisiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on OF At without more precise specification as Day Home, and children, not gainfully em--Coal mine, etc. Womof persons entherefore an

East causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injunt State cause "Puerperal septicaemia," "Puerperal peritonitie," etc. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; (e.g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(97)		
County Ballemore	Registration Dist. No. 30		
Village or City Calousuelle Tud	No. Of Il House 3 day Quel Ward death occurred in hoppful or institution, give its NAME instead of street and number)		
	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Threses Maria Cale			
(a) Residence: No. 22 05 Hunting Com Que (Usual place of abode)	St., St. Ward. St. If monresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX Level 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH J.L. (Month) 28 (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of White	22. I HEREBY CERTIES. That I attanded deceased from 1932, to July 28 1932		
6. DATE OF BIRTH (month, day, and year) luck, 1845	Hast saw h. W elive on Flb 27 ,19.32 death is said		
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at		
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Addrass)	Other Coutributory Causes of importance: Other Coutributory Causes of importance: Name of operation. Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Pieca Jackson 19.	Menner of Injury Natura of Injury		
19. UNDERTAKER 17 Foul St. 20. FILED 27, 193 Tolling	24. Was disease or injury in eny way related to occupation of decasad? If so, specify (Signed) M. D.		
If more blanks are needed duties Some Jegistrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAX -2 1532	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH County Baltruore	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Catonsville (No. 717 Edn.	Mursing Home Registration Dist. No. 30 Indoor One St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH February 25-, 1932. (Month) (Day) (Year)
6 DATE OF BIRTH WWW.	17 I HEREBY CERTIFY, That I attended the deceased from
	Juning 9 - 1922, to Jeberry 2, 1932,
(Month) (Day) (Year)	that I last saw h alive on Thomas, 199 3.
7 AGE about 80 years. If LESS than I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Chinic Interstitud Nephritis
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yız. inos de.
which employed or (employer)	Contributory Il caletis mellitus
9 BIRTHPLACE (State or country) Sulumb,	Secondary (Duration) (Duration) yrs mos ds.
10 NAME OF FATHER	(Signed) Chester Reland, M. D.
Vano	2 2 5 122 111 2532 Edundam and
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of Mother	ients or Recent Residenta)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
2 6 .10	Former or usual residence 5/6 E. 23rd St. Baltimine In
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 334 N. Vulaski Pt.	Cothedral Cem Febra 7,1932
15 Filed 7 192 Al Sadren	20 UNDERTAKER ADDRESS
Registra	11- 00 121751 and
If more banks are necled and Kate Kegistrar	, 16 W. Saratoga St., Balto. Requesting V. S, No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specimeanum milaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precisc statement of ocbusiness, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many not gainfully emengineer,

Statement of Cause of Death—Name, first, the DISERAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n-ture of the injury, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

a iditional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salury), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But lu many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of falness of various parsuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foremun, (b) Automobile factory. Whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-The material

spinal meningitis"); Diphtheria (avold use of "Croup"); fever (the only definite synonym is "Epidemie eerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pncumonia, Bronchopneumonia ("Preumonia, Typhoid fover (never report "Typhoid pneumonin"); Statement of Cause of Death-Name, first, the Dis-

tions answ

fed a detail at will perent further correspond-th data is essential and must be obtained before atols paramently affed.

If this cerial

symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); Meastes; (name orlglu; "Cancer" is less definite; avoid mges, peritonacum, etc., Carcinomu, Sarcomu, étc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e.g., sepsis, fetanus) may be stated under the and qualify as Accidental, Suierdal, or Homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustien," "Heart failure," "Haemorstated unless important. (secondary or intercurrent) affection need not be ment of cause head of "contributory. ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely. "Puerperal septicaemia," "Puerperal peritonitis," ean be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease vulsions," Nomenclature Whooping cough; For VIOLENT DEATHS State MEANS OF INJURY "Debillty" is locked over thoroughly and all ques-Chronic valvular heart discase; American È ("Congenital," "Senile," etc.) (Recommendations on state-Example: Measles approved by Committee on Medical Association.) Always qualify all (disease

No. of Exact

PLACE OF DEATH
County Balto
county,
Village or City Reisterstown (No. Md mo)
2 FULL NAME Mrs. Rebecca Con
PERSONAL AND STATISTICAL PARTICULARS
3 SEX 4 COLOR OR RACE 5 SINGLE,
Female White MARRIED, Widowed OR DIVORCED (Write the word)
6 DATE OF BIRTH
(Month) (Day) (Yesr)
7 AGE If LESS than
6 b yrsds. dayhrs.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country) Russia
10 NAME OF FATHER Nathan Jely
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME P
12 MAIDEN NAME POUSIG ?
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Angulus Record
(Address)
15 Filed FEL, 7, 1922. N. TI- Stade.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

nin Ward)	(If death occurred in a hospitul or institution, give its NAME is stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
B DATE OF DEATH Hebruary	7 , 1932
Hobriany (Month) 7	(Day) (Year) 32
17 I HEREBY CERTIFY, That I atte	nded the deceased from
17 I HEREBY CERTIFY, That I atte May 4 1927 to Fel	19232
and that death occurred on the date stated a	bove, at 1. 15 Pm.
The CAUSE OF DEATH * was as follows:	
Pulmanary	Tuberculosis
(Duration) 15	ds.
Contributory Secondary	
Signed) albert 7. Shrin	yrsds.
Signed) albert 7. Shring Fleb. 7 1932 (Address) Reister	
*State the Discase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ry and (2) Whether
B LENGTH OF RESIDENCE (For Hospital ients or Recent Residents)	ls, Institutions, Trans-
At place 4 yrs. 9 mos. 3 ds. In the State.	19 yrsds.
Where was disease contracted, Balto	•
former or 537 N. Chester	***************************************
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
1	2-8- 1932
	ADDRESS
Jack hewis Ina, 1439	6. Iguelle la

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, Form laborer, Laborer—Coal mine, etc. Womtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Statement of Occupation-Precise statement of octo report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Colton mill; (a) Salesman, specifically the occupations of persons en-(6) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material single word or term on Locomotive engineer, (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> permanently data is esi answered in det

If this certificat

as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Asso (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) is coked of thorough anda'l questions will prevent further correspondence. All the must be obtained glop the certificate in Chronic ation. valvular heart disease; etc. The contributory affection Nomenclature need not be

Co	PLACE OF DEATH Dunty Baltiman	STATE OF MARYLAND CERTIFICATE OF DEATH
V	illage or GHy White Ityfol !	Registration Dist. No. [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wordmarked)	16 DATE OF DEATH Tell (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D/	The of Birth (Month) (Day) (Year)	Feb 10 1882 to Feb 17 1982 that I last saw him alive on Feb 17 1982
7 AG	1 LESS than 1 day,	and that death occurred on the date stated above, at 730 A m. The CAUSE OF DEATH * was as follows:
par (b) busin	Trade, profession, or farmer) ficular kind of work. General nature of Industry, ness, or establishment in the employed (or employer)	Cover and ight upger (Ouration) yrs. mos 6 ds.
ARENTS	10 NAME OF FATHER Several Couper 11 BIRTHPLACE OF FATHER (State or country) Bultonie to Ind. 12 MAIDEN NAME A	Contributory (Secondary) (Secondary) (Doration) (Signed) (Sign
14 _T	of Mother Rosal M. Touch 13 BIRTHPLACE OF MOTHER (State or country) Pennshami HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) & Couper	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
15 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Bether Conference 19 1988 20 UNDERTAKER P. Markholish WhiteHollish
	If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

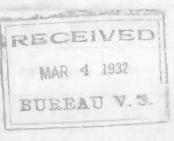
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, Statement of occupation - Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Colianse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrowin ter" is less definite; avoid use of "Tumer" for malig oma. Surcoma. etc., of .. ture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement stated EXACTLY. properly classified. BINDING TION is very important. See instructions on back of certificate. FOR MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY,

V. S. No. 1

ż

of OCCUPA-

1. PLACE OF DEATH		(108)	, -
County Dallo		Registration Dist. No. 3	J
Village or City Parkley	(H c	NoSt.,St.	Ward
Length of residence in city or town where death occurre	yrsmos.	ds. How long in U.S. If of foreign birth?yrsn	mosds
2. FULL NAME Mary S.	booker,		
(a) Residence: No. (Usua	l place of abode)	St., Ward. If nonresident give city or town an	nd State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH July (Month) (Day)	, 193 2 (Yaar)
i. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. HEREBY CERTIFY Thet Valtandac	d deceased fro
DATE OF BIRTH (month, day, and year) Fel-	10-1878	1) ast saw aliva on Flor 4 193	Z daath Is sa
AGE Years Months Da	If LESS than	to have occuped on the data stated above, at Jufan.	
33 11 2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ward as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	sework.	ho far Juneou	ee .
work was dona, as SILK MILL, SAW MILL, BANK, atc.			
10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation		32
2. BIRTHPLACE (city or town) Incellance (Stata or country)	d. (RB)	Other Coutributary Causes of importance:	
1 0 54 11 10	oper.	10-9/0-0-5	
13. NAME Something (Control of the Control of the C	land red	Name of operation Date of. What test confirmed diagnosis? Was there an	//
15. MAIDEN NAME MORY &	Brooks'	23. If death was due to external causes (VIDLENCE) fill In also the following	
16. BIRTHPLACE (city or town)	4	Accident, suicide, or homicida? Date of injury	, 19
(State or country)	Chille	Where did Injury occur? (Specify city or town, county and St	ate)
7. INFORMANT Mrs. Social (Address) Parkley	Stiffler Sulf.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
8. BURIAL, GREMATION, OR REMOVAL Beweller	Feb 6 132	Manner of Injury	1 ~
9. UNDERTAKER Parleisloggy (Address)	however ke	24. Was disease or initial in any way ralated to occupation of dacaasad?	L.
O FILED Fel 45, 1932 Cheste	9 Rilling	(Signed)	

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
	-25		**
Other contributory causes of importance:		Other contributory eauses of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 44 2

V / (No	St.: Ward) a hospital or institution, give its NAME in stead of street and number.)
STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH 264 28, 1923.
(Write the word)	(Month) (Day) (Year)
1 - 8 927	
$\frac{1}{2}$ $\frac{1}$	192 . to
(If LESS than	and that death occurred on the date stated above, atm
l dayhrs.	
mos. ds. or umin.?	
L	Prenatam aboution
***************************************	2 2 2 2
	(Duration)yrs,mosds
es wid	Contributory Secondary (Durstion) ys
	01 1. 11 11.
u B Croft	(Signed) M. D
lo mo	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
~ Bottom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
elt md	At place of deathyrsmosds. In the Stateyrsmosds
EST OF MY KNOWLEDGE	Where was disease contracted,
P. LL	Former or usual residence
Hyllands	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
Se Kerffer	20 UNDERTAKER Jacents ADDRESS
27	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Labarer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nanc. business, that fact may be indicated thus; Farmer (rotified 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

a carbalic acid—probably suicide. The n.ture of the injury, (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Paisoned by American Medical Association.) approved by Committee on tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drawning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Chranic interstitial nephritis, Whaoping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

(If death occurred in Ward) a hospital or Institution, give its NAME is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH Feb. 7 (Month)(Day) I HEREBY CERTIFY. That I attended the deceased that I last saw h La __alive on ____ and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

ADDRESS

addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. If more bianks are needed?

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) properi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 0 3 SEX 16 DATE OF DEATH MARRIED. poq WIDOWED. back OR DIVORCED Write the word) may 17 HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH on 0) that ee instruction (Month) (Day) (Year) and that death occured on the date stated above, at 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATHL* THIS supplie 0 ds. or min.? terms B OCCUPATION ESERV (a) I rade, profession or 200 particular kind of work plai (b) General nature of industry business, or establishment in Importa which employed or (employer) Fall 9 BIRTHPLACE Secondary (State or country) 10 NAME OF Shoul E OF FATHER 8 11 SIRTHPLACE 5 *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER L (9 Z CAUS (State or country) RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 0 inform state CCUP/ D. ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ... yrs.......ds State of death ... (State or country) Ö Where was disease contracted. P if not at place of death? 3 of 14 THE ABOVE IS TRUE TO shoi Former or ent usual residence. LACE OF BURIAL OR REMOVAL statem EVORY UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate oecupation at beginning of illness. If retired from gaged in domestic scrvice for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a mer, (b) Cotton mill; (a) Salesman. (b) Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive (6) material engineer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diplitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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permanently filed.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate in telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis Example: Measles (disease etc. affection need valentar heart disease The contributory not be

S	Spec,—1-10-21M&T-1500 Bks.	
	HEALTH DEPARTMENT	—CITY OF BALTIMORE
	1-PLACE OF DEATH 6503 Maps	
•	2-FULL NAME Mus. Mellie R. D.	ST., WARD) a hospital or institution, give its NAME instead of street and number.)
	(a) RESIDENCE No. 6503 Mapelluro (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If non-resident give city or town and State) ds. How long in U. S., If of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and repel. 15 193 2
te	male write married	17 OHEREBY CERTIFY, That I attended deceased from
5a	If married, wildowed, or divorced HUSBAND of (or) WIFE of Howard Devilbris	Feb. 9 , 32 , to Feb. 15 , 19 32. that I last saw he Valive on Feb. 15 , 19 32.
61	DATE OF BIRTH (month, day, and planet 15, 1871	and that death occurred, on the date stated above, at Am.
7	AGE Years Months Days If LESS than 1 day,hrs. ormln.	The CAUSE OF DEATH* was as follows:
4	OCCUPATION OF DECEASED (a) Trade, profession or Housework particular kind of work	
X	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yrs, mos. 6 ds.
	(c) Name of employer	(Secondary)yrsmosds.
9	BIRTHPLACE (city or 10wn) Hells toronge (State or country)	18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER Sturded Q 3ile	Was there an autopsy?
-	(State or country)	(Signed) (M. D.
3 00	M. C1: 18/1	, 19 (Address) 5/11/4016 /4
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) (State or country)	*State the Disease Causing Derth, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
14	Informant John The Courses	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
15	Filed 18675-1092 Hol Butter	20 UNDERTAKER ADDRESS
TA PAREN	11 BIRTHPLACE OF FATHER (city or rown) (State or country) 12 MAIDEN NAME OF MOTHER Elizabeth Jenfler 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Informant (Address) (Address)	What test confirmed diagrams; (Signed) , 19 (Address) 5/// *State the Disease Causing Death, or in deaths from Violent Causing Suicidal, or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OR RE- MOVAL Date of BUR D

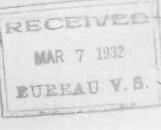
[Approved by U. S. Census and American Public Health Asso.]

or term on the first line will be sufficient, e. healthfulness of various pursuits can be known. The or At home, and children, not gainfully employed, as salary), may be entered as Housewife, Housework only (not paid Housekeepers who receive a definite "Laborer," "Foreman," "Manager," Automobile factory. The material worked on may mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is prokind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in indus tect, Locomotive engineer, Civil engineer, Stationary Farmer or Planter, Physician, spective of age. For many occupations a single word question applies to each and every person, occupation is very important, so that the relative occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no from business, that fact may be indicated thus: state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed in domestic service for wages, as Servant, Cook, report specifically the occupations of persons engaged At school or At home. Care should be taken to home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer form part Statement of Occupation .- Precise statement of of the second statement. Never return Compositor, Archi-"Dealer," etc.,

respect to time and causation), using always the DISEASE CAUSINO DEATH (the primary affection with toneum, etc., Carcinoma, Sarcoma, etc., of indefinite); Tuberculosis of lungs, Bronchopneumonia ("Pneumonia," unqualified, "Epidemic cerebrospinal Cerebrospinal fever (the only definite synonym is same accepted term for the same disease. (name origin; "Cancer" is less definite; avoid use of (avoid use of "Croup"); Typhoid fever (never re-Statement of Cause of Death .- Name, first, the "Typhoid pneumonia"); Lobar meningitis"); Diphtheria meninges, peri pneumonia; Examples:

> symptomatic). "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease HOMICIDAL, or as probably such, if impossible to INJURY and qualify as ACCIDENTAL, diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old age," "Shock," vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drownundertaken. "PUERPERAL septicemia," "PUERPERAL peritonitis," "Uremia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Hemor-(secondary or intercurrent) affection need not be death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. the American Medical Association.) -probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), for malignant neoplasms); FOR VIOLENT DEATHS State MEANS SUICIDAL, Measles; (second

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.



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61379

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Civil engineer, Stationary fireman, etc. But in many whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia, Pneumonia")

> taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonilis," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by cough; Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles ;

incoughly and all questions that correspondence. All the

If this certificate is looked over thoroughly and all answered in detail, it will prevent turner correspondence data is essential and must be brained before the cerpermanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1380)
1. PLACE OF DEATH	(23)
County Ballimore	Registration Dist. No.
Village or City To F 10 Box 162 A	No Spanow Point Md St, Ward death occupyed in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME John Shosdowski	0
(a) Residence: NORF#10 Box 162A (Usual place of abode)	St., Ward. Spanner Point If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (quite the word)	21. DATE OF DEATH FEBRUARY (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A. 0 .04 10.00	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	I last saw h ; death is said to have occurred on the date stated above, atn:
1 1 1 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Labor SAWYER, BOOKKEPER, etc.	Sudden Hemorage of Oate of onset
9. Industry or business in which	the lungs
work was done, as SILK MILL, SAW MILL, BANK, otc	
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Baltimore and	Other Coatributory Casses of importance:
(State or country)	
13. NAME Lawrence Leosacowski 14. BIRTHPLACE (city or town) Poland	
Y 14. BIRTHPLACE (city or town) / Clause (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? 23. if death was due to external causes (VIOLENCE) fill in also the following:
70.1	Accident, suicide, or homicide? Date of Injury19
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Agnes West Sister (Address)	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cernelary Place St. Stanilous Date & by 8, 1932	Manner of injury
19. UNDERTAKER John Melen/401 Soy	24. Was disease or injury in any way related to occupation of deceased?
20. FILED FUR. 6th , 1932 G. Millemics mg. Registrar	(Address) R 10 13 4 8 Spars our Paux
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	40.07
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.	}		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01381
1. PLACE OF DEATH	DERTHIOTIE OF BEATTI
County (2) aftimores	Designation Diet Ma L/O
Village or City Rungsvelle Md	Registration Dist, No.
(If	MDSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clayabeth Helen Cu	chlebugee
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	(Month) HDay) , 19832 (Vaar)
5á. If married, widowed, or divorced HUSBAND of	22. INHEREBY CERTIFITY, That I attended deceased from
(or) WIFE of William Was achievery	1 Xue 1999 to July 14 132
6. DATE OF BIRTH (month, day, and year) Quene 10 1849	I last saw h at alive on fifty 12 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10-3-m.
82 8 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Cauces of Reelilei
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month end year)	
	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Nichol 10/ Wheather	
E	Name of counting O
14. BIRTHPLACE (city or town) Mary land	Name of operation
15. MAIDEN NAME ama Greenood	23. If death was dua to external causes (VIOL PNCE) fill In also the following:
15. MAIDEN NAME Cuma Greenood 16. BIRTHPLACE (city or town) - F	Accident, suicide, or homicide?
E (State or country) ingland	Whera did injury occur?
17. INFORMANT Jame A! Wheatley	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE,
(Address) 410 Normandy Ma	
Place For clay Park Date Flb 16 1932	Manner of injury
20 T.	Nature of injury
19. UNDERTAKER 1 July 1 Janes	24. Was diseesa or injury in any way releted to occupation of deceased?
(Address) & Hoult Kenna	If so, specify the Day to the total of the specific to the spe
20. FILED # 4. 19 3 3 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) A A My Care for M. D.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
in the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Brans

M	item of infor-	should state	of ACCUPA.	/
	RECORD. Every	PHYSICIANS	Exact statement	
BINDING	PERMANENT	HEXACTLY	rly classified.	cate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-	TION is very important. See instructions on back of certificate.
MARGIN RES	UNFADING I	supplied. AGE	n terms, so that	ee instructions o
	AINLY, WITH	ld be carefully	DEATH in plain	y important. S
	WRITE PI	mation shou	CAUSE OF	TION is ver

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Gallynogs	Registration Dist. No.
Village or City Towblishurg	No. St., Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ciddie Munay	lleo'
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Fernale A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wnie Mile Word)	21. DATE OF DEATH 2 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
midowy, Culo Elles	1 HEREBY CERTIFY, Phat I altended deceased from 1931, to 72, 29, 1932
6. DATE OF BIRTH (month, day, and year) 6 -15-1863	Mast saw h. Er aliva on Tel., 29, 1932; death is said
7. AGE Years Months Days If LESS than	To have occurred on the date stated above, at 10 a.m.
62-8 14 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Hypotales Prisumonia 4 da
8. Trade, profession, or particular kind of work done, as SPINNER Ref.) Houseinfe	7/1000
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
O TO. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Bullinon	Other Contributory Causes of importance: Cheronice Interstellat Nephroles 14mos
(State or country) Nearegland	, and , and , and
13. NAME James M. Connaccot	Melial monflecency 14mis
14. BIRTHPLACE (city or town) Ballinore County	Name of operation
(State of country) Maryland	What test confirmed diagnosis?
15. MAIDEN NAME trances a Leaf	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Scalls.	Accident, suicide, or homicide?
(State or country) Marygand	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTIAS alvila Mueler (Address) Uffraco, red.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL	Manner of injury
Matricomoke lety Med Oate 7 7 , 1832	Nature of Injury
19. UNDERTAKER Edel & Tipton	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Hamfister of Med	If so, specify
20. FILEO Jah 39, 1922 Mc my Sand	(Signed) Edgar M. Duste M. D.
Registrar.	(Address) Moanifisheade Md.
If more blanks are needed, address State Revistrar.	2411 N Charles Street Ballimore Requesting 7) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	L manage	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 7 1932	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH
County Dalteur

STATE OF MARYLAND G-CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is -Ward) steed of street and ²FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED (Write the word) (Month)(Dsy)____ I HEREBY CERTIFY, That I attended the deceased from DATE OF BIRTH (Month) (Dsy) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed).... FATHER 11 BIRTHPLACE192___ (Address) OF FATHER *State the l'isease Csusing Death, or, In deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. NIDEN NAME MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the State OF MOTHER At place of death _____yrs._____ds. (State or Country) Where was disease contracted, BOVE IS TRUE TO THE if not at place of dea.h?..... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar

If more blanks are needed, addre a Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary; may be entered as Housewift House work, or At Home, and children, not gainfully emlaboren, Farme claborer 5, 1444 orer 5 Could mine, etc. Women at home, who are engaged in the latties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Ddy (a) Foreman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not pard Housekeepers who receive a Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal, septiogenia," "Puerperal, perilonitis," etc. Stata cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAS, OF HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For MOLENTADEATHS state MEANS OF INJURY Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of the state of th)F MARY	LAND	CERTIFICATE OF	DEATH	1900
	March sand			(107-0)	Posistration Dist. No.	No h
DOO Village or			~~~~~~~~~~	all Da. Fr	Registration Dist. No.	114/
Village or	City Long 1	700	(If	death occurred in a hospital or institution,		
Length of res	sidence In city or lown where o	death occurred	yrsmos	ds. How long in U.S. If of fore	pign birth?yrs	.mosd
2. FULL NA	ME Let no	200	rasley	MP 7.		
2. FULL NA (a) Resider PERSON 3. SEX	nce: No. 204 (12	(Usual place of	abode)	St., // Wallar	If nonresident give city or town a	nd State
PERSON	NAL AND STATIST	- Institute the second			IFICATE OF DEATH	
Female	4. COLOD OF RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	onth) (Day)	, 193 2 (Year)
5a. If married, wido HUSBAND ot (or) WIFE ot	wed, or divorced				ERTIFY, That I ettende	ed deceased fro
e DATE OF DIRTH	(month day and year)	une 2	6/1921	last saw h alive on	, to	, 19 death is sa
	(month, day, and year) ears Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated about the PRINCIPAL CAUSE OF DEATH an	ove, atm.	
l 8 Trade prote	ession, or particular	1 /	or=min.	were as tollows:	a rotated souses of importance	Date of ons
NO Rind ot SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc.			Meumon	in Gronchiol	
SAW MI	business in which as done, as SILK MILL,			Duration 1 3 c		
SAW MI	ILL, BANK, etcsed last worked at	11. Totat tir	me (years)		1 Care	
11113 000	upation (month and	span occur	tin this pation			
12. BIRTHPLACE (c) (State or con		rate	had.	Other Contributory Causes of important	·····	
12. BIRTHPLACE (C) (State or cou	phanles (W. Fra	eles.			
	CE (city or town)	Ma.		Name of operationWhat test confirmed diegnosis?	Date of Wes there a	
当 15. MAIDEN N	AME Wilher	rend (3 otron	23. If death was due to external causes (VIOLENCE) fill in also the follow	lng:
15. MAIDEN N.	CE (city or town)	mil	0	Accident, suicide, or homicide?	Oate of injury	, 19
≥ (State o	or country)	11 8	1	Where did Injury occur?(Specify city or town, county and S	State)
15. MAIDEN N. 16. BIRTHPLAC (State of	egnava (v ou	wy.	Specify whether injury occurred in INC	OUSTRY, in HOME, or in PUBLIC	PLACE.
(Address) 18BURIAL, CREMA	ITION, OR REMOVAL	w a	se.	Manner of injury		
Ptace Oa	k fawy	Date tel	5 ,1932			
19. UNDERTAKER(Address)	Tilly - 3E	les in	c	24. Was disease or injury in any way re	lated to occupation of deceased?	1
20. FILED Takes	132 9.3	Conne	el.	(Signed)	Kenter &	MIN
1			Registrar.	2411 N. Charles Street, Baltimore, Request	appre Spring	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Contract of the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

STATE OF	MARYLAND—CERTIFICATE OF DEATH
	and the second s

- 1	1	9	6	4
U	J	U	0	4

1. PLACE OF DEATH			20		0	
County Baltimore Village or City Mt. Wi			Mt. Wilson No. tubercu	Registration In Branch,	Dist No.	Ward
	where death	occurred O_yrs O_mos	ds. How long in U.	institution, give its NAME S. if of foreign birth? n Pennsylv	yrsm	number)
(a) Residence: No. 3149			St., Ward.	Baltimore If nonresident	, Md ,	d State
PERSONAL AND STA	TISTICA		MEDICA	L CERTIFICATE	OF DEATH	
3. SEX Male 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married			21. DATE OF DEAT	rebruary (Month)	5th	, 193 2 . (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vi	olet 1	Faust	22. I HERE February 4t	BY CERTIF	Y. That I attended	deceased from
26	iths	Days 16 kESS than 14 01 min.	I last saw h_l I II alive o to have occurred on the date The PRINCIPAL CAUSE OF were as follows:	n February staled ebove, at 2.3	5th., 19.32 5Am.	
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc		anager of ocery store	Pulmonary	tuberculos	is	?
10. Date deceased last worked et this occupation (month and year)	? encasi	11. Total time (years) spent in this occupation tle, Pa	Other Contributory Cauces o	f importance:		
13. NAME David Faus	s t					
13. NAME David Faus 14. BIRTHPLACE (city or town) GI (State or country)	reenc	astle, Pa.	Name ef operation	one is? Physical	Dete of examina Was there an	tion N
15. MAIDEN NAME Mary	Chris	tman	23. ff death was due to extern			
15. MAIDEN NAME Mary Christman 16. BIRTHPLACE (city or town) Greencastle, Pa. (State or country) 17. INFORMANT Violet Faust (Address) 3149 Ravenwood Ave. Balto.			Accident, suicide, or homicide? Date of Injury, 19			
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			te) .ACE.
18. BURIAL, CRIMATION, OR REMOVAL	Dete 4 6 . 6 . 193 3	Manner of injury				
19. UNDERTAKER (Address)	ull Hors	24. Wes disease or injury in	eny way related to occupa	ation of deceased?	No	
20, FILED. 2 - 5 , 1932	Jn- `	E E. Jechols Registrar.	(Signed)	ount Wilson	n. Maryla	and
	If more blank	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimo	re, Requesting U. S. No.	I.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
V			

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No

of OCCUPA-

1. PLACE OF DEATH	98°C)
County Balto.	Registration Dist. No.
Village or City Pite pille	ND. 2/5 Classifum Come St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME William Stoness (a) Residence: No. 215 Clared and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH File. (Month) (Day) (Yaer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Ket Mry Marrier 6. DATE OF BIRTH (month, dey, end year) Dec 11, 1855	22. I HEREBY CERTIFY. That I attanded deceased from 193/ to Fels 8 19.32 last saw have alive on Fels 5 19.32 death is sai
7. AGE Years Months Days If LESS than 1 day, hrs.	to hava occurred on the data stated above, at S
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	che, myscarlet
12. BIRTHPLACE (city or town) york enty Ga. (State or country)	Dther Contributory Causes of importence: aucieula Jubullal.
13. NAME Yours Fisher 14. BIRTHPLACE (city or town)	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Lydan Stranger 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass)	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place Faraine Date Jeb 10, 193.	Manner of injury
19. UNDERTAKER VIII COPS aud 16. 20. FILED Fel. 8, 1932 J. La C. Registrar. Registrar.	24. Was disease or Injury In any way ralated to occupation of decessed? No If so, specify (Signed) Palmer F. R. William M. (Addrass) P. Mr. M.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example I		Example II		
of importance were as	death and related causes follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1932	July 5,1927	Peritonitis	3 days ago
	BURBAU V. S			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	61386			
PLACE OF DEATH	STATE OF MARYLAND			
County Ballow re	CERTIFICATE OF DEATH			
	Registration Dist. No. 37			
Village or City Texas and (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street an			
2 FULL NAME UN ary - arus = Fra	number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH Jely 8 , 132			
ferrale ruce (Write the word)	(Month) (Day) (Year) (Year)			
6 DATE OF BIRTH	Felmay 5 1932. to Tib 8 , 1932			
(Vonth) (Day) (Year)	that I last saw her alive on Jet 7 , 1923;			
7 AGE [If LESS than	and that death occurred on the date stated above, at			
l dayhrs.	The CAUSE OF DEATH * was as follows:			
0/ yrs. 5 mos. / de. or min.?				
8 OCCUPATION (a) Trade, profession or	Similar			
particular kind of work House wife	Bronghitten			
(b) General nature of industry				
business, or establishment in which employed or (employer)	(Direction) yre. mos de			
9 BIRTHPLACE (State or country) Crawland.	Contributory Secondary (Durstion) yrs			
10 NAME OF PATHER ST. Plake	(Signed) B R Benson & M. D.			
11 BIDTHPI ACE	74 8 1922 (Address) Cockeysille Mas			
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Clyabeth Francis	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)			
13 BIRTHPLACE	At place In the			
OF MOTHER (State or Country) Quary lauch	of deathyrsds. Stateyrsds			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?			
(Informant) ada. France Roberts	Former or usual residence			
and will and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Address) Cochiquette (Mic	Phorosauce W. Eleve 1-et 10, 18/			
Filed Fel 932 BRBunny Registras	John Brus Lore Torras.			
If more b.anks are needed, addre.s Ltate Kegistrat, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.				

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., William ... Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to e ch and every person, irrespective ci tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Nanager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. whatever, write None. For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the -Coul mine, etc. Wom-Locomotive engineer,

Stritement of Cause of Death—Name, first, the DIS-EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros. inal meninatis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by American Medical Association.) (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., letanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU., Y Committee on Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

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14

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(Address)

important.

		01387
	1PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
A CONTRACT OF A STATE		Registration Dist. No. 49
Vi	llage or City Overlea (No. 717 Elm) 2FULL NAME Louis E. Goodwin	ood Road St.: Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED, WIDOWED, OR DIVORCINGLE (Write the word)	16 DATE OF DEATH Feb. 22 1932 , 1927 2 (Month) (Day) (Year)
6 1	March 30 , 190 (Month) (Day) (Yea)	17 A HEREBY CERTIFY, That I attended the deceased from 1932 to 22, 1932
8 () F ()	If LESS to the last of the las	The CAUSE OF DEATH * was as follows:
_	BIRTHPLACE (State or country) Baltimore, Md.	Contributory Secondary (Duration)
PARENTS	10 NAME OF James E. Goodwin	(Signed) Harace B. Titlow M. D. 2/22 1932 (Address) 3/5 J. Hypland 1
	OF FATHER (State or country) Baltimore, Md.	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Sarah Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or Country) Baltimore, Md.	At place of death yrs mos. ds. In the State yrs mos ds. Where was disease contracted,
14	(Informant) Mrs. John H. Weil	Where was disease conflicted, Marketon if not at place of death? Former or usual residence
	(mrormant) mt p . o Othi n . well	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Road

Elmwood

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer [reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic and consequences (e. g., sepsis, etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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B.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 61388
1. PLACE OF DEATH	45 (3)
County Balfinine	Registration Dist. No. 44
Village or City Chas. Md	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
The state of the s	sds. How long in U.S. if of foreign birth?yrsmosds
00 70	
(a) Residence: No. Lace Ma (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Hale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH AS (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Mary & Green	22. HEREBY CERTIFY. That attended decessed from
1.670-1868	I last saw have elive on delb 6 1982 death is sai
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.30 km.
6 8. II I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupation (month and	Conditional laggeria la
Industry or business in which work was done, as SILK MILL, Relied	, (198)
SAW MILL, BANK, etc	Complications
O 10. Date deceesed lest worked at this occupation (month and year) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years)	
•	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	10 +1-0
	- Jayporrauc memoria
I I	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
IS. MAIDEN NAME	What test confirmed diagnosis West 2007 File of the state of auropsy?
	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Mary & Green (Address) Charle Hid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Mt Albun Date Lih 11 1932	Nature of injury
19. UNDERTAKER Franklin W. Squy	24. Was disease or injury In any wey related to occupation of deceased?
(Address) 707 24 33 72 St.	If so, specify
20. FILED Let - 9, 19 3 - Am 5-leonnelly Registrar,	(Signed) 4 No Go Walson a. M. C
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IAR 5 1907	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The County				
Other contributory causes of importance:	34 4 4000	Other contributory causes of importance:		
Gallstones :	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH Balto classifi EXACT certificate. proper PERSONAL AND STATISTICAL PARTICUL 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. ehould be WIDOWED. OR DIVORCED may Write the word) 6 DATE OF BIRTH no ee instructions that (Day) (Year) 7 AGE Ilf LESS than I day hrs. The CAUSE OF DEATH terms B OCCUPATION (a) Trade, profession or Se particular kind of work pla (b) General nature of industry business, or establishment in orta which employed or (employer) HH Contributory Impo 9 BIRTHPLACE Secondary (State or country) be EA 90 10 NAME OF 3 L O E C 11 BIRTHPLACE S OF FATHER FNU 10 Z on CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME D. informa state OF MOTHER 4 4 20 ients or Recent Residents) CC 13 BIRTHPLACE At place OF MOTHER WO of deathyrs......mos......ds. (State or Country) should ent of O Where was disease contracted, if not at place of dea h?..... TO THE BEST OF MY KNOWLEDGE Every item CIANS shot statement of Former or usual residence. BURIAL OR REMOVAL if more blanks are needed, addre.s Ltate Registrar, 16 W. Saratogs St., Bulto., Requesting V. S. Iso. 1.

STATE OF MARY

CERTIFICATE OF

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME is -

ADDRESS

stead of street and MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That i attended the deceased and that death occurred on the date stated above, at Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LINGTH OF RISIDENCE (For Hospitals, Institutions, Trunge In the DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationory freman, etc. But in many worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Ifaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvulor heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County California	Registration Dist. No.
Village or City Scowflesbury Ind	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Jungant Green	Total Control of the
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and yeer) Foot- 8 1932	I last saw her alive on Fort 8 1932 death is cald
5. DATE OF BIRTH (month, day, and yeer) 705 8 1932 7. AGE Years Months Deys If LESS then	I last saw here on slive on 1932; death is said to have occurred on the date stated above, at 20 m,
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	Itill som
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	dead about Bar 4 days
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributory Canses of importance:
(State or country)	
13. NAME Colude & Speen	
14. BIRTHPLACE (city or town) Carroll Co. Ind.	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Codna Co, Myera	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Bosing, Ind.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATIÓN, DR REMOVAL	Manner of Injury
Place Pleasant Store Date, 19	Nature of injury
9. UNDERTAKER Self Clybe Green Upperer Ind. (Address)	24. Was disease or injury in any way related to occupation of deceased?
0. FILED Jeb-8:, 1922, Him. Slades Registrar.	(Signed) Cysil 6 Soufle M.D. (Address) Supperso Fresh
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--

MARGIN RESERVED FOR

11	
1	PLACE OF DEATH
	10
H	County Jako



STATE OF MARYLAND CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS BEST A COLOR OR RACE SINGLE. MARRIED. MIDOWED. WIDOWED. WIDOWED (Write the word) B DATE OF BIRTH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MIDOWED. WIDOWED. WIDOWED. WIDOWED. WITH THE PROPERTY OF THE MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MONTH: MONTH: MONTH: MONTH: MONTH:	Q a h	Registration Dist. No. 4
3 SEX 4 COLOR OR RACE MARRIED. MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Month) (Day) (Month) (Day) (Month) 192 102 103 104 104 105 105 106 107 107 108 108 108 108 108 108	0 01:04	tion, give its NAME in stead of street and
Male White Widowed, or Divorced (Write the word) 8 DATE OF BIRTH 1 Seq (Month) (Day) (Year) 7 AGE 1869 (Month) (Day) (Year) 1869 (Month) (Day) (Year) 1869 (Month) (Day) (Year) 1869 (Month) (Day) (Year) 1869 (Month) (Day) (That I attended the decessed of the state of the date state above, at 10.30 The CAUSE OF DEATH * was as follows:	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The CAUSE OF DEATH * was as follows:	Male Whate widowed	fish, 2), 19332
ds. or min.?	July 21, 1869	I HEREBY CERTIFY, That I attended the decessed from
Particular Artis of Total Control of the Control of	62 yrs. 7 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 10.30 a,
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) (Duration) Contributory Secondary	(b) General nature of industry business, or establishment in which employed or (employer)	Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) When the Cause of Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) When Accidental, Suicidal or Homicidal.	FATHER II BIRTHPLACE OF FATHER (State or country)	(Signed) Shelm motary nelth. D
of Mother 18 Length of Residents) 18 Length of Residents) 18 Length of Residents) At place In the	OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant)	(Informant) Wilbur H. Grover	if not at place of death? Former or usual residence
(Address) 2/6 Washing and May Chaple. When Is Filed Feb. 29 192 3 2 4 \$ Sauch 20 UNDERTAKER SUTTON ADDRESS	(Address)	Haugh Chapel. More 1, 1932 20 UNDERTAKER STATE ADDRESS

If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (12: state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, whatever, write None. For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dofinition be ascerticity." (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

permanently filed If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the

1932

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(51)
County Baltimore	Registration Dist. No. 37
Village or City Cockeywille Md	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? 49-yrsmos,ds.
2. FULL NAME Henry C. Tform	one
(a) Residence: No. Wanger Post (Usual place of abode)	St., Ward removes of the city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DÉATH Feb 17 (Month) (Day) (Yaar)
HUSBAND of October Column a. Hierman	22. I HEREBY CERTIFY. That attended deceased from
5. DATE OF BIRTH (month, day, end yeer) April 2.5, 1860	1 last saw here alive on Fiel-16, 1937; daath is sald
7. AGE Yoars Months Days If LESS than 1 day,	to have occurred on the date stated above, it
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	Granger of Opstala Hard
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	DSil of Seration and Westings
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	at John Hopkins Hospital
12. BIRTHPLACE (city or town) - Sermany (State or country)	Other Contributory Causes of importance:
13. NAME Conrad Harmony	
14. BIRTHPLACE (city or town) (State or. country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sophia Drefer	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) (Stete or country)	Accident, suicida, or homicide?
17. INFORMANT Columne a Hatring (Address) Marien Road	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Landon Gark Dato Feb 20 , 1932	Nature of injury
19. UNDERTAKER William Cook Street	24. Was disease or injury in any way related to occupation of daceased? 16 so, specify
20. FILED Fel 15, 193 2 B Benef	(Signed) Terfar M.D. (Addrass) Terfar M.D.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pēritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9	N. BWELKE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
BINDING	PERMANENT	EXACTLY	ly classified.]	ate.
FOR	IS A	stated	proper	certifica
MARGIN RESERVED FOR BINDING	G INK-THIS	GE should be	that it may be	TION is very important. See instructions on back of certificate.
MARGIN	TH UNFADIN	ly supplied. A	lain terms, se	See instructio
	Y, WI	careful	(H in p	ortant.
•	E PLAINI	eq plnoys	OF DEAT	s very imp
V. S. No. 1	N. BINBLE	mation	CAUSE	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	P
County Ballo .	Registration Dist. No. 33
Village or City Mr. Fowblesburg.	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME albert Chitas Ha	skia
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the prord)	21. DATE OF DEATH
5a. If married, widowad or divorced	(Month) (Oay) (Year)
HUSBANO OF Edua Booley	22. I HEBEBY CERTIFY, That I attended deceased from 1931, to 71.
6. DATE OF BIRTH (month, day, and year) May 7 1872	I last saw h alive on 754. 7 , 1932; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at II: 5.0. C.m.
6-9 / lady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	Oate of onset
9. industry or business in which	Cancer of Slomach
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oato deceased last worked at this occupation (month and 1930 spant in this	
year) occupation 30	Other Cartal Association
12. BIRTHPLACE (city or town) & (State or country)	Other Contributory Causes of Importance:
13. NAME George W. Harris	
13. NAME Seorge W. Harris 14. BIRTHPLACE (city of town)	Name of operation
(State or country)	What test confirmed diagnosis? And Out San House an autopsy? War
15. MAIDEN NAME alice 4. Myers	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) Ballo Co. Md.	Where did injury occur?
17. INFORMANT Family (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place St Taulo Date 10 ,198	Natura of injury
19. UNDERTAKER Elw. G. Sifeton	24. Was disease or Injury in any way related to occupation of daceased?
20. FILED FEX: 8, 1932 N. M. Slade.	(Signed) Oysil E. Frontle, M.D.
Registrar. If more blanks are needed, address State Registrar.	(Addréss) Life feet to Trans. 1994. S. No. 1.
, address office (egistrat,	41. 1. Count Street, Dattimore, Requesting "U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	GRECHIVED	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 7 1932	July 5, 1927	Peritonitis	3 days ago	
	PURTATE	,			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
- Alter					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN
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V. S. N.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01394
1. PLACE OF DEATH	91)
County Pallemore	Registration Dist. No. 3
Village or City Collico Village	NoSt., Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredwrsm	gsds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Daniel h)	ewill
(a) Residence: No. Collicos City	St., Ward.
(Usual place of about) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
354/ 14. COLOR OR MACE / S. SINGUE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	TW. 10
a. If married, widowed or diverged	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1/HEREBY CERTIFY. That battended deceased from
Jacker U. Jacker	March 1st , 193/ 10 Jeb 10, 193
DATE OF BIRTH (month, day, and year)	I last saw h alive on 416 9 , 19.32, death is s
AGE Years Months Days If LESS than	to have occurred on the date stated above, av. 30 A.m.
66 2 2/ lady,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Collers - Ocherosa /4
9 Industry or business in which work was done, as SILK MARL, Bulle Letter SAW MILL, BANK, etc.	/
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
Mal	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME ROLO News	
320	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Bettes Carroll	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Address Care (State or country)	Accident, suicide, or homicide?
(m.scllini: 1/haix	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
INFORMANT (33) UMA MULA CHUMO (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manage of Interv
Place 1 Ohus Cu Date Tel. 12,193	Manner of injury
1870	Nature of injury
O. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
2 Comments of the second	If so, specify A angel
D. FILED	(Signed)
If more blanks are delical address blance Receitra	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WATT V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of CIANS should

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MARGIN

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PLACE	OF I	PEATH		
County	30	et	σ	

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City 2000llawy (No. 77)	Registration Dist. No. 3/ St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH 20, 1938 (Month) (Day) (Year)
6 DATE OF BIRTH 20, 1932 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 20, 1992. to 20, 1992. that I last saw h alive on , 192
7 AGE If LESS that I day hrs ds. or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Gallo Co Ind	(Duration) yrs. ds Contributory Secondary (Duration) yrs. mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 A A A A A A A A A A A A A A A A A A A	(Signed) Address Address M. D. Address M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place In the of death yrs
(Address) Woodleson and	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADMY Cerula 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Efever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,");

atic), "Atrophy, Company, "Senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," "Haemorrhage," "Exhaustion," "Heart failure," "Ald Age." "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the bead of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) approved by Committee on (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage Chronic chopneumonia (secondary), affection need not be etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over the roughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	Village or City Maddle County (N	0		OF st, No (If d a hos
100	2FULL NAME Sanir	la Deffer	1-	tion, stead numb
3	PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF	DE
200	3 SEX 4 COLOR OR RACE 5 SINGL MARR WIDO OR DI (Write	IED. ALL'S	16 DATE OF DEATH July (Month)	, 20
	6 DATE OF BIRTH May . (wonth)	5 1867 (Day) (Year)	that I last saw h & alive on 167. 2	ded t
	7 AGE 64 9	If LESS than I day hrs.	and that death occurred on the date stated ab The CAUSE OF DEATH * was as follows:	O
	B OCCUPATION (a) Trade, profession or particular kind of work	Lyone min.?	acuscadia	<u></u>
ייייייייייייייייייייייייייייייייייייייי	(b) General nature of industry business, or establishment in which employed or (employer)	m s	Contributory Nedices Secondary Ougusty; Fri	le
	10 NAME OF FATHER Mright	ha-	(Signed) (Durating)	Le SS
	OF FATHER (State or country) 12 MAIDEN NAME 7	ud.	*State the I is ase Causing Death, o Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	
	OF MOTHER Amelia Vila 13 BIRTHPLACE OF MOTHER (State or Country)	d.	18 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents) At place of death	, In
	14 THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	Where was disease contracted, if not at place of dea h?	*******
	(Address) Middle to	war, Md.	19 PLACE OF BURIAL OR REMOVAL OTENS Comelery	282
	15 Filed Fieb 722 19232 John 9	Connelly Registras	Lugheod one lue	ry
	If more banks are needed, a	ddre.s Ltate Kegistrar	, 16 W Sarafoga St., Balto., Requesting V. S. I	No. 1.

MARYLAND

OF DEATH

Dist. No. H36

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFI	CATE OF DEAT	Н
	eary. 16	
that 1 last saw h	of 26 te stated above, at	19 3 2 2.30 7-n
Contributory Contributory Secondary Surat	castine of, primary	mos 3 d
*State the I is ase Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, or, in of of Injury and	leaths from
18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death	In the Stateyrs	

S No

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more processed mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Colton mill; (a) Salesman, 6 For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The As examples: (a) (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphliheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronelopneumonia ("Pneumonia,")

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BOBIVED

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

6.	19	9	0	Labor.	
IJ.	1	3	34	1	
ra,	-05	~	and a	4	

1. PLACE OF DEATH	158
County Ballimore	Registration Dist. No.
Village or City Rusterstown M.	Mul No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos /ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles D. John	inson
(a) Residence: No. Ouslington (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDE OR DIVORCED (write the	OWED, a word) 21. DATE OF DEATH JELS (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) File 8 19:	32 last saw h alive on 726 (5, 1932; death is said
7. AGE Years Months Days If LES	SS than to have occurred on the date stated above, at 8m.
7 1 day,	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	La qualere buden don't
9. Industry or business in which work was done, as SiLK MILL,	es Jamble
work was done, as SILK MILL, More	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation occupation	
D f	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Russussour	
(Stata or country) Mad	
13. NAME Vaul Ford	
13. NAME Paul Ford 14. BIRTHPLACE (city or town) Baltumore City (State or country)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Johnson 16. BIRTHPLACE (city or town) Ruthestown	23. If death was due to external causes (ViOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Rushinstown	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mad	Where did Injury occur?
17. INFORMANT Josophine Johnson (Address) Perstuntion Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place It riskes 6 em Date Feb 16	Menner of injury
1701.	, 1984. Nature of injury
19. UNDERTAKER). It line & Sons	24. Was disease or Injury in any way related to occupation of deceased?
(Address Restistoin Md	(Signed) It M. D. M. D.
20 FILED Feb 16 1942 St. M. Seades	(Signed) Ti M. D. M. D.
20, 1122	(Signed) Oralis loss losses Mee) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	J.	Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

(4	0	1	63	
11	1	3	3	9	
U	di	V	4	~	

1. PLACE	OF DEATH		MITTEL	LAND	93-6	DEATH	
County	10a	etim	Ale			Registration Dist. No.	10
Village		tone .	nol	00 Db	rosio Esne	scorpeta &	Ward
Langth of	residence in city or	town whose doath		vrs. 2 mos	death occurred in a horpital or institution		and number)
125	4	town where death	occurred	Lyrs	Ands. How long in U.S. if of	toreign birth?yrs	mosds.
2. FULL		72 /1	7/	anac	The Oka	In i	
(a) Res	idence: No. 2 2	20 10	(Usual place of	abode)	St., Ward.	If nonresident give city or lowr	and State
PERS	ONAL AND	STATISTICA	L PARTIC	ULARS	MEDICAL CE	RTIFICATE OF DEAT	н
3. SEX	4. COLOR O		SINGLE, MARR	(write the word)	21. DATE OF DEATH	0 73	9
mul	2 Wa	te 1	wide	wed	T.E.	(Month) (Day)	(Year)
5a. If married, w HUSBAND (or) WIFE	idowed, or divorced				22. I HEREBY	CERTIFY, That I atter	ided doceased from
(01) WITE						1931, to 7 cb, 2	2 19.32
6. DATE OF BIR	TH (month, day, and	yeer) OC	¥ 30	1854	I lest saw h elive on 7	ely 227, 19:	7.2 death Is said
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated		
4	17	3 1	22	ormin.	The PRINCIPAL CAUSE OF DEATH were es follows:	end related causes of importanco	Date of onset
8. Trede, p	rofession, or particu of work done, as S YER, BDDKKEEPER,	PINNER,	6- 4				
	or business in whi	ch		a			
SAW SAW	was done, as SILK MILL, BANK, etc				Museau	ditio	2 mos
ON this	ceased last worked occupation (month e	at nd	11. Total tim spant	e (years) in this	7		
year	1	2 \	Octup	ation	Other Coutributory Causes of import	ance:	
12. BIRTHPLACI		ned-y	dan	tee			
	Cop	May on	100-	many.	arterro-la	elevares.	2200
E	John	Ton	ace,				
(Star	ACE (city or town). te or country)	yer	0184		Name of operation		
15. MAIDEN	NAME Qu	na de	2-len	ide-	23. if death was due to external cause		an europsy?
least 1	ACE (city or town).				Accident, suicide, or homicide?		
	te or country)	Sen	na	my,	Where did injury occur?		
17. INFORMANT	John	Kond	ler 1	200.	Specify whether Injury occurred in I	Specify city or town, county and INDUSTRY, in HOME, or In PUBLIC	I State) C PLACE,
(Address	1	30 60.1	Hamil	respell			
Place	MATION, OR REMO	(1)	ate 2	3.4.22	Manner of injury		
Class	T	Jack	1	4-4-,1962	Nature of injury		0-
19. UNDERTAKEI (Address		and -	Jon	Les to	24. Was disease or Injury in eny wey	related to occupation of deceased	7. 7CO. R.
21	1230	1990	unu	Tura	(Signed) Ooch	E. Gana 01	W. D.
20. FILED	11 21	- AT-T-	The state of	Registrar.	(Ardress) Bank	towerle.	end -
	<i>U</i>	If more blank	s are needed, ade		2411 N. Charles Street, Baltimore, Requ	sesting U. S. No. 1.	

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clcrk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	1070	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis VG 83.	1 year
	10st A Table	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 5
County 12 allmore	Registration Dist. No. 44
Village or City Colgate,	No. St., Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME amalia Ying	ch
Easter Barrell William	Seld. Ward
(a) Residence: Np. ASUL WITH WITH WITH I WANTED TO (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH
timule While Tordow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. Pal HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Vaniel Trisch	Jet. 14 1932, 10 Jet. 19 1932
6. DATE OF BIRTH (month, day, and year) april, 16 = 1848	I last saw h. ex alive on Tel. 13 ,193 X; death is said
7. AGE Yeers Days If LESS than	to have occurred on the date stated above, at 7.20 m.
83 10 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Jours E wife's SAWYER, BDOKKEEPER, etc.	John Guermona Fels, 1900/
SAWYER, BDOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, es SPINNER. Yours E MULE SAWYER, BDOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 12 allung 2	Direct Coats activity Coasts of Importance.
(State or country)	
13. NAME Christian Lohman 14. BIRTHPLACE (city or town) Sam and	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis Leuce Was there an autopsy?
15. MAIDEN NAME Humana Warns, 16. BIRTHPLACE (city or town) Grand Company (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) GERMAN (State or country)	Accident, suicide, or homicide?
The 's The large	Where did Injury occur?(Specify city or town, county and State)
17, INFORMANT (MACE) (Address) 3207 + LE ELDE	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Lacr Ed Sear Date 7 Evy 22 19 32	
19. UNDERTAKENTIEDE ERICK Lasgalm & Jos	24. Was disease or injury in any way related to occupation of deceased?
(Address) 7401 Bel air Road	If so, specify
20. FILED Feb. 20 1932 L. Y. Comelly	(Signed) les the less of M. D.
Registrar.	(Address) 43. V.S. Tatterson this Ors,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis 1 week ago Chronic interstitial nephritis 1921 Run over by street car Peritonitis 3 days ago Cerebral hemorrhage Julu5,1927 Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PH	IYSICIAN
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Patherson pack in

N. B.--Every Item of Information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1PLACE OF DEATH	STATE OF MARYLAND
County Dalo	© CERTIFICATE OF DEATH
1100	Registration Dist. No. 42
Village or City Halethorpe (No. 12-	Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Tely 8, 1937 (Monon) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Fely 18 1932	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	ShelButl (4 mor)
9 BIRTHPLACE (State or country) 10 NAME OF A	Contributory Secondary (Duration) yrs. mos. ds. (Signed) M. D.
of FATHER Markin & Truesht II BIRTHPLACE OF FATHER (State or country) Salty Marking OF FATHER OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wels & handhan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Sultand	At place of desth yrs mos. ds. la the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Address) Hulethape gud	State Defait Healt Hyl8, 132
15 Filed Jely 18 132 De Medde	20 UN DERTAKER COMMENT MORESS MCCharles MCChar
If more banks are needed, addre.s htate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Automobile factory. The material For persons who have no occupation 6 The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept EATH CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

tetarius) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF MUULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., (a) Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm laborer. Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic valvular heart disease Example: Mcasles (disease etc. The contributory Nomenclature Measles

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

	PLACE OF DEATH	
	County Balto,	23
Vill	lage or City Esset, (No. Franks 2FULL NAME herrs I, Ku	le, a
=	PERSONAL AND STATISTICAL PARTICULARS	1
35	emale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF
6 0	Oct 13.45 1/884	17 May
	(Month) (Day) (Year)	that I last sa
	4647rs. 4 mos. 23 ds. or min.?	
P)	articular kind of work O) General nature of industry usiness, or establishment in which employed or (employer)	0.000
9 B	(State or country) Ballimore Mil	Contribute Secondar
	10 NAME OF Martin Southall-	(Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or country) Poland	*State Violent Ca
PARE	OF MOTHER Eval Lainska	Accidental,
	13 BIRTHPLACE OF MOTHER (State or Country) Orland,	At place of deathy
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disc
	(Informant) Husban !	Former or usual residence
	(Address) Excep Mil.	19 PLACE OF
15	Filed Leb. 8 1922 Han S. Connelly Registral	20 UNDERTA

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
Registration Dist. No. 444
Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH February 6th, 1951
(Morth) (Day) (Year)
March 1924 to 126 6 , 1922
that I last saw h Vallive on 10 67 , 1932
and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows;
Chromi Futer Calouts
V Complexition 11
(Duration)yrsds,
Contributory
(Duration) J. mosds.
(Signed) (Address) 6 3 10 (M.D.
*State the Disease Causing Death, or, in duaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds, In the Stateyrsmosds,
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9, 1932
20 UNDERTAKER ADDRESS

If more blanks are needed, address trate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and ever fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many (not paid Housekeepers who receive a person, irrespective of

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STate MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-. (name origin; "Cancer" is lcss definite; avoid cough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions any pered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Baltimore County Firs Numery Lome Registration Dist. No. (If death occurred im a hospital or institu-tion, give ite NAME ir-stend of etreet and MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICUL 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED, WIDOWED. BINDING OR DIVORCED AMULO (Month)ax HEREBY CERTIFY, That I attended the decease 6 DATE OF BIRTH (Day) . (Nighth) FOR and that death occured on the date stated above, at IIFLESS than 7 AGE I day hrs. RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary MARGIN 9 BIRTHPLACE (State or country OG 10 NAME OF BIRTHPLACE *State the Discase Causing Death, or, in Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. Z (State or country) 18 LENGTH OF RESIDENCE (For Hospitale, Institutions, ients or Recent Residents) In the 12 BIRTHPLACE OF MOTHER Where was disease contracted, (State or country) if not at place of death? .. shoul usual residence Every CIAN: stater If mere blanke are needed, address State Registrar, 15 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Leborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return 'Laborer," "Foreman," "Manager, worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a en at home, Physician, Compositor, Architect, to know (a) the kind of work For many occupations a single word or term on or At Home, and children, not gainfully emyrs). who are engaged in the duties of the For persons who have no occupation Locomotive engineer, and also (b) the ,""(Deal-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Mcasles (disease inges, perilonaeum, etc., Carcinoma, telanus) may be stated under the head of "contributory" "Uraemia, "." Weakness," etc., when a definite disease "Inanition, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles (name origin : "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably smeide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) interstitial nephrilis, cough; Chronic valvular heart disease; or intercurrent) affection need not be " "Marasmus," "Old Age," "Shock," et'c. The Always qualify all Sarcoma,, etc., of contributory

If this certificate is loked over thoroughly and a liqu tions answered in defail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently also.



STATE OF MARYLAND-CERTIFICATE OF DEATH B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

1. PLACE OF DEATH	15FC
County Dallo	Registration Dist. No. 35
Village or City Freeland . R.D.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Marie. Ku	rb
(a) Residence: No.	S. Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. Hete 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 29 1932 (Yoar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Lel 1641932	I last saw h Lu alive on Film. 28 1932 ; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4,30 Am.
13 I day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dono, es SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked et this occupation (work) and the properties the properties the properties of the properties	Tricusped Insufficiency
- this occupation (month and	hearter Own S. T.
year) occupation 12. BIRTHPLACE (city or town) Freeland (RD)	Dther Contributory Causes of Importance:
(State or country)	
13. NAME Floyd . Lo, Surb	
13. NAME Floyd . to, Surb 14. BIRTHPLACE (city of town) Freelened (State or country)	Neme of operation Date of Was there an autopsy?
15. MAIDEN NAME Mary a, Miller	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Freeland	Accident, suicide, or homicida? Data of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT They I Treetand with	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Madellown 19 ally to Data Let 29 1922	Nature of injury
19. UNDERTAKER FORTELES SELECTION PROPERTY (Address) New Freedow Fo	24. Was disease or Injury in any way releted to occupation of decaasad? 740.
20. FILED Feb. 29, 19.32 Samuel S. Willer Def Registrar.	(Signad) Sylagle M.D. (Address) New Treedow Pa,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

111111

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1 stap 4 1037	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	WILM'S TOTAL	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

should state

ACCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

01406

1. PLACE OF				Registration Dist. No. 38	-	
	Towson, Md.			No. Sheppard and Enoch Pratt Hospital No. death occurred in a hospital or institution, give its NAME instead of street and number 21 ds. How long in U.S. if of foreign birth?	Ward	
2. FULL NAM	E Charles	Bingley I	Lamkin			
				St., Ward. If nonresident give city or town and State		
				If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)				21. DATE OF DEATH Rebruary 19 193		
5a. If married, widowed, or divorced HUSBAND of Mrs. Ida Ballach Lamkin (or) WIFE of				(Month) (Day) (Year) 22. HEREBY CERTIFY, That attended deceased for		
6. DATE OF BIRTH (m	onth, day, and year) Ju	ne 20, 18	68	January 28, 19 32, to February 18, 19st saw h im alive on Feb. 18, 19 32; dea		
7. AGE Years 63	Months 7	Days 29	If LESS than 1 day,hrs. ormin.	to have occurred on tha date stated above, at 12:30 AnM. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	te of onse	
Industry or bu	on, or particular rk dona, as SPINNER, OOKKEEPER, etc siness in which lona, as SILK MILL, BANK, etc	Candy		Ceretral Haemanhage 6	da	
1D. Date deceased this occupa yaar)		11. Total ti	ime (years) nt in this upation			
12. BIRTHPLACE (city (State or count	ortown) Baltim	ore, Mar	yland	Deter Contributory Causes of importance:	the	
13. NAME	Charles Lam	kin				
14. BIRTHPLACE ((State or c	city of town)	ginia		Nama of operation Date of What test confirmed diagnosis? Was there an autop	sy?	
15. MAIDEN NAME Frances Cramer 16. BIRTHPLACE (city or town) Washington, D. C. (State or country)				23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?	, 19	
17. INFDRMANT(Address)	Hospital R	ecords		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATIC	on, or REMOVAL Ph	Date Felt	2 , 19 32	Manner of Injury		
19. UNDERTAKER (Address) 20. FILED July 19	200 & M	July Bull	A Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Arthur E. Pettrell (Address) Towson Md	// M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were a follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neguritis	1921	Run over by street car	1 week ago
Cerebral hemorphage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
``			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HYSI- Exact	PLACE OF DEATH County Balto.	STATE OF MARYLAND CERTIFICATE OF DEATH
TEX, P siffled.	Village or City Essex (No. Ste	Registration Dist. No. 44
T RECORD tated EXACTEY, roperly classified certificate.	2FULL NAME Vears Verno	Aung ward a hospital or institu- tion, give its NAME in- stead of street and number.)
NT RI stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEW SOR S	male Houte Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH FER, 8 , 1930 (Year)
SER SER	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Feb. 7 1982 to Febr, 8 , 1982 that I last saw h imalive on Febr, 7 1832
VED FOR E-THIS IS A F pplied. ACE erms so that e instructions	7 AGE yrs. 6 mos. 4 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
WRITE PLAINLY, WITH UNFADING INKTevery Item of information should be carefully supcians should state CAUSE OF DEATH in plain to statement of OCCUPATION is very important. See	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Lillwater Rd. Early 15 Filed Lb. 9 1982 John & Connelly	(Signed). Pi Q. MSe voltate (Signed). Pi Q. MSe voltate *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs knos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
T z	Registrat	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more previous colorer, laborer, Laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6-yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Civil engineer, Physician, Compositor, Architect, Locomotive engineer whatever, write None. business, that fact may be indicated thus; Farmer (te or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

1. PLACE OF DEATH	34 920 01468
County Baltimore	Registration Dist. No. 44
Village or City Chase	NoSt.,Ward
*/	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsmosds.
2. FULL NAME Charles Law	
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVØRCED (winder the word)	21. DATE OF DEATH
Solale White Single	(Month) ver (Oay) /7 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceesed from
(OF) WIFE OF	Meh 1 139 to Feb 17 1932
6. DATE OF BIRTH (month, day, and year) Thr. 22 - 1865	I last saw him elive on Fell 17, 1932 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 2,00 ft. m.
66 2 - ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, R.	0 / 1 / A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tridustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Oate deceased last worked at this occupating (month and the same in this seart in this	Giroue Palricloshing
work was done, as SILK MILL, SAW MILL, BANK, etc	0/1202-03
Oate deceased last worked at 11. Total time (years)	arease
this occupation (month and 1918 spant in this year) 1918 occupation 48	
12. BIRTHPLACE (city or town)	Other Coulributory Causes of importance:
(State or country) Maryland	
13. NAME Clandalph Lay	
13. NAME ((anolaysh Lay) 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Cathorine Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Mary S. Fisher	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Paul Lithran Cerchy 1/ 1921	Manner of injury
Jungover Margal to	Nature of injury
19. UNDERTAKER Aluxy January Store	24. Was disease or injury in any wey related to occupation of deceased?
	(Signed) Tarry Vall M. O.
20. FILEO Jels. 18 1932 J. Cornelly Registrar.	(Address) Market Do De age
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EUSEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
---	------------	-------	-----	---------	------------	---------------	-----------

or- A.	STATE OF MARYLAND—	01100	
sts UP	1. PLACE OF DEATH	92-0	
ould OCC	County Calture of	Registration Dist. No.	
should of OCC	Village or City Catonsolle 45	death occurred in a horpital or institution, give its NAME instead of street and number)	Ward
20	Length of rasidance in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
Every CIANS ement	2. FULL NAME WM & Lenk		
	(a) Residence: No. 1241 Daltony au		
	(Usual place of abode)	If nonresident give city or town and State	
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
T X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	(Month) (Oay) (Yaa)	r)
ANEN CTI ssifted	5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Navy Anith .	22. I HEREBY CERTIFY, That I attanded dacaasad	from
X A X A class	0	nov 6 1931 to tale 37 193	32
PEI E ly ate.	6. DATE OF BIRTH (month, day, and year)	I last saw home aliva on February 37, 1932; death is	s said
IS A P stated properly properly	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
S IS	8. Trada, profassion, or particular kind of work done, as SPINNER,	Uxie of C	nusar
HII po	SAWYER, BOOKKEEPER, atc.		
ould may back	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	000000000000000000000000000000000000000	3
sh sh u	10. Date deceased last worked at this occupation (month and spent in this	Cerebral Embolion 12	r.,
AG the	12. BIRTHPLACE (city or town) Deltanon	Other Contributory Causes of importanca;	
ADII d. s, so	(State or country)	milial monfficiences 30	no
UNFA ipplied terms, instru	E 13. NAME Parles Lenk		
D H T	14. BIRTHPLACE (city or town)	Name of oparation Prone Date of	
H .= S	(Clare of County)	What test confirmed diagnosis? Was thera an autopsy?_	
WITI efully in pla ant.	15. MAIDEN NAME Elizabeth Classes 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:	
INLY, W be carefu EATH in important	[16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?, 19_	
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A DIO	17. INFORMANT Sthin Without County Cons	Specify whethar injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury	
on SE	Place Sallo Centry Date	Nature of injury	
WRITE mation s CAUSE TION is	19. UNDERTAKER Henry fut	24. Was disease or injury in any way related to occupation of deceased?	
(a)	(Address) Bulls hel	(Signed) Och Carlett	м г
Z	20. FILED 19.5 19.5 Registrat.	(Address) Caton Sulle I Mind	L
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:	8	Other contributory causes of importance:	
Gallstones	Man 1928	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACT (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) proper stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED pe pe WIDOWED OR DUTORS BINDIN (Month) (Day) I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH instructions (Month) (Day) (Year) IIfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. ppiled terms or min.? RESERVE 8 OCCUPATION (a) Trade, profession or sul particular kind of work plai (b) General nature of industry business, or establishment in (Duration) mporta which employed or (employer) ATH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country D M 10 NAME OF ರ (Signed) 34 0 (3) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. S OF FATHER Z OZ (State or country) ATIO 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform 00 ients or Recent Residents) State 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos. de. (State or Country) 00 Where was disease contracted, of if not at place of death?.... should ent of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. Every It CIANS stateme 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 20 UNDERTAKER CODRESS Filed Registrar If more blanks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day Compositor, (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-The ques-Grocery;

Statement of Cause of Death—Name, first, the biscase causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphale fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, (clanus) may be stated under the head of "contributory." "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) uceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	I in mount in market Con inchancedions on Last of confidence
	AIN	ld be	DEA	***
	E PI	shou	0F	2012
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1. PLACE OF DEA	is the second se			(131)	01311	
county Salt	more			Registration	Dist. No.	
Village or City	epas			No	St., Wa	
Length of residence in c	ty or town where	deeth occurred	4 yrs. 1 mos	f death occurred in a hospital or institution, give its NAM. 3. How long in U.S. if of foreign birth?	E instead of street and number)	
(a) Residence: No.	Texa	(Usual place	of abode)	St., Ward.	t give city or town and State	
PERSONAL AN	D STATIST			MEDICAL CERTIFICATI		
male W.	R OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month)	(Dey) (Year)	
5e. If married, widowed, or divorced HU3BAND of (or) WIFE of				22. HEREBY CERTIFY, that I ettended decessed		
. DATE OF BIRTH (month, da	y, end year)	ec. 12	1855	I last sew h 13.6 elive on Trab	3	
AGE Years 7 6	Months	Days 22	If LESS than I dey,hrs. ormin,	to have occurred on the date steted ebove, et		
8. Trade, profession, or p kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc.	oine V	nfg.	Manue Oung	gestin The 3	
kind of work done, SAWYER, BOOKKEE 9. Industry or business it work was done, es: SAW MILL, BANK, 10. Date deceased lest wo this occupation (mo	SILK MILL, etc ked at	11. Total ti	me (yeers)			
year) 2. BIRTHPLACE (city or town) (Stets or country)	Tele) occu	pation (C	Other Contributory Causes of Importance:	efolisher -	
13. NAME Joh	120 i	ndsay				
13. NAME Oh. 14. BIRTHPLACE (city or to (State or country)	wn) Ire	land			Dete of	
15. MAIDEN NAME	wn) Ike	e Golf	agher	23. If death was due to external causes (VIOL ENCE) f Accident, suicide, or homicide?	fill in elso the following:	
7. INFORMANT OCA (Address)	feld to	ilroy		Where did injury occur?(Specify city of Specify whether injury occurred in INDUSTRY, in His	r town, county and State) OME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR F	Cernety -	Tehon in	4. 8 ,19.32	Manner of injury		
9. UNDERTAKER 26 e.s. (Address) 8 0.5	ing W	Mears !	Low	24. Was disease or Injury in any wey related to occup If so, specify	pation of deceased? No	
O. FILED Jet 5	932 03	13 Ben	MA Registrar.	(Signed) O' / Que	md. M.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Aphilipso	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDANG

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11412
1. PLACE OF DEATH	92-0
County / Datto.	Registration Dist No. 30
Village or City Calonsville, (III	ND. 153 Weelers Const., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joku J. Soude	w
(a) Residence: No. / 153 Winters (d	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH FUL 18 , 1932 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. IAHEREBY CERTIFY, That I attanded decaased from
Suora Journa	> Seft 103/ to Feb 18 1932
6. DATE OF BIRTH (month, day, and year lus / 1869	I last saw home alive on File 10, 1932; death is said
7. AGE Years Months Days If LESS than	lo have occurred on the date stated above, at
68 6 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	The Topland Aleas As Feb
9. Industry or business in which	ornous vocation recordings 1931
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- Spantin this	
year) occupation occupation	Dthar Cantributory Causes of importance:
12. BIRTFIPLACE (city of (own))	
(State or count)	
I 13. NAME Toky Thouseles	
13. NAME 14. BIRTHPLACE (city or town) (State of country)	Nama of operation Date of
(State of coality)	Whal lest confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	of death was due to extarnal causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or Couply)	Accident, suicida, or homicida? Date of Injury, 19
(State Officially)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT CHOTAL A SULLA (Address) (13 W Lucius (42.)	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVALED	Manner of injury
Place Ulleun Stor Date 3/30 , 1982	Nature of Injury
19. UNDERTAKER Agence Heroslay	24. Was diseasa or Injury in any way related to occupation of deceased?
1/20 22 /1/2 / 1/3	(Signed) markall to best M. D.
20. FILED 1910 Registrar.	(Address) Caloury les Jud
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosia 1915 Attock of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhand Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

1 4	ا بد ا	STATE OF MARYLAND—	CERTIFICATE OF DEATH (11413)			
infor-	UPA	1. PLACE OF DEATH	92-0			
- A presi		County Daltimors Registration Dist. No.				
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 1 10 111 11 11 11 11 11				
•		Village or City to atomarlla office	death occurred in a hospital or institution, give it NAME instead of street and number)			
Y X	it it	Length of residence in city or fown where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.			
Eve	i i	2. FULL NAME Joseph Lucas	On			
RECORD. Every	statement	(a) mostacinos. No.	rashtenwood of Mod			
OR	(A)	(Usual place of abode)	If nonresident give city or town and State			
E E	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
- N	<u> </u>	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
5 E	9	Male white firedown	(Month) (Day) (Year)			
ING		5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from			
D A	ass	(or) WIFE of Linkson	non 15 , 1930, 10 7ely 12 , 1932			
BINDIN ERMANI		6. DATE OF BIRTH (month, day, and year)	I last saw here elive on 7eb, 12, 1932; death is seid			
j.l.e	erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 830 A.m.			
FOR IS A	properly certificate	76 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
- 70		8 Trade profession or particular	Date of onset			
EDHIS		8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, efc.	\mathcal{A}			
T-	may	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	acute Granchetia 4day			
RESERVED		SAW MILL, BANK, etc				
RES G IN	1 0	O 10 Date deceased lasf worked ef this occupation (month and year) spent in this occupation occupation				
7. 4	0 4		Other Cantributery Causes of importance:			
ARGIN UNFADI	, so ucti	12. BIRTHPLACE (city or town) (State or country)	Chr. Endocardita / Mrs			
RG	terms, instr	13. NAME JOB Lucas.	and			
MARGI UNFAI	40 00	13. NAME Joan Lucas 14. BIRTHPLACE (city or town) (State or country)	Name of operefion			
- In	·= 00	(State or country)	What test confirmed diagnosis? Was there an autopsy?			
WITH		15. MAIDEN NAME MAN Ameth	23. If death was due to external causes (VIDLENCE) fill In elso the following:			
		16. BIRTHPLACE (city or fown)	Accident, suicide, or homicide? 20 Date of Injury 19			
CAINLY	DEATH y import	(State or country)	Where did injury occur?			
	in in	17. INFORMANT Mattie Lucas	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, In HDME, or in PUBLIC PLACE.			
E PLA	OF D	(Address) 900 Boone St				
- F	E O.	18. BURIAL CREMATION, OR REMOVAL	Manner of injury			
		Place 10 & alaw W CM Date 12 (2 , 190d	Nature of injury			
WRITE	CAUS	19. UNDERTAKER WWW Collection	24. Was disease or Injury in any way releted to occupation of deceased?			
0		(Address) 1217 Houle V.	If so, specify			
ъ́з <u>— — — — — — — — — — — — — — — — — — —</u>		20, FILED / 19 / 7/1/1	(Signed) It It - E garett M.D.			
> Z		JV Makeginirar.	(Address) Catorhandle M.			
		If more blanks are receded, addless State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
of importance were	of death and related causes as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	The state of the s	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11 MAR 4 1932	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. N.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County 3 altimore	Registration Dist. No. 30
Village or City Catonsuillo	No. Staring Grove Hospital Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) 20 ds. How long in U.S. if of foreign birth?
2. FULL NAME min and fam	100
(a) Residence: No. 2.18 Charendon and	St.,Ward.
(Usual place of abode) Piku	suille, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Lebruary 19, 198 2 (Month) (Oay) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Single	22. I HEREBY CERTIFY, That I attended deceased from May 26 1931 to 746 19 1932
6. DATE OF EIRTH (month, day, and year) May 15 1855	i last savols alive on Feb 19 , 1932, death is said
7. AGE Years Months days if LESS than	to have occurred on the date stated abova, at Om.
/ b // 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, A vuse heefer	Bunchal Onemorga 2-15-32
Sindustry or business in which	Complete Host Block ?
work was done, as SILK MILL, SAW MILL, BANK, etc	Curais mine ordita
10. Date deceased last worked at this occupation (month and year) yaar)	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	Porolitik, acute 2-17-38
13. NAME Daniel Lynchis	The state of the s
13. NAME Alaniel Fynchi 14. BIRTHPLACE (city or town). 9 reland	Name of operation Number Data of Data of
(State of country)	What test confirmed diagnosis? Clinical ages Was there an au opsy 2/4.
15. MAIOEN NAME mary Lynch ? 16. BIRTHPLACE (city or town) Oreland	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT MAS James Kahoe (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hickory, Mas. Oata Feb. 22, 1932	Nature of injury
19. UNDERTAKER HENRY W. Mears from	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 120 , 137 All fleshers Registrar.	(Signed) Some M. D. (Address Calousulle Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of dof importance were as fo	17	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	niows:	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephriti	\$	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1006	July 5,1927	Peritonitis	3 days ago
	BURNAU V.	• 3		
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(State or country)

16. BIRTHPLACE (city or town) (Stata or country)

QR

MOTHER

TION

18. BURIAL

19. UNDERTAKER (Address)

should state of OCCUPA-

1. PLACE OF DEATH County Sallama Village or City Point Length of residence in city or town where death occurred 3 yrs mos	Registration Dist. No. 415 Registration Dist. No. 415 Registration Dist. No. 415 St. Ward of death occurred in a horpital or institution, give its NAME instead of street and number) St. Ward of death occurred in a horpital or institution, give its NAME instead of street and number) St. Ward of death occurred in a horpital or institution, give its NAME instead of street and number) As How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Hannah Mitchell (a) Residence: Np. 715 E (Usual place of abode)	St., Ward. If nonresident give city or town and State
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Female WISBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months Months 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and yoar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Thomas MULLITAGE 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 16. Dato deceased last worked at this occupation (month and yoar) 12. BIRTHPLACE (city or town) 13. NAME Thomas Multitlaker	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yaar) 22. 1 HEREBY CERTIFY, That I attended deceased from 1932, to 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1931; death is said to have occurred on the data stated above, at 1931; death is said to have occurred on the data stated above, at 1931; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above, at 1932; death is said to have occurred on the data stated above,
14. BIRTHPLACE (city or town) England	Name of operation Date of

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M	N. BEWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
SINDING	ERMANENT RECOR	EXACTLY. PHY	classified. Exact s	•
FOR E	S IS A PI	stated]	properly	certificat
MARGIN RESERVED FOR BINDING	FADING INK-THIS	ied. AGE should be	ns, so that it may be	TION is very important. See instructions on back of certificate.
MAR	NLY, WITH UN	e carefully suppl	ATH in plain terr	nportant. See ins
V. S. No. 1	N. B. WRITE PLAI	mation should h	CAUSE OF DE	TION is very in
-	F-4			

1. PLACE OF DEATH Saltimore S	CERTIFICATE OF DEATH
County Rouword PK	Registration Dist. No. 43
	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (b) Longth of residence in city or town where death occurred	St., Ward. R. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. Mastree	21. DATE OF DEATH 4 19 19 19 19 3 2 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Henry Marroly	22. I HEREBY CERTIFY, That I attended deceased f
AGE Yaars Months Days I thess the state of t	I last saw h alive on Free d. d.c., 19 ; daath Is to have occurred on the data stated above, at
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, atc 9. Industry or business in which	Date of o
SAW MILL, BANK, etc	Dthar Contributory Canses of Importance:
13. NAME John Murphy 14. BIRTHPLACE (city or town) Englished	Name of operation. Data of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFDRMANT (Addrass)	23. If death was dua to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?, 19
8. BURIAL, CREMATION, DR REMOVAL Place Per Research Date Per 2 3 , 19 3 3	Manner of injury
9. UNDERTAKER Brederick Larreghan (Address) 740 (Black	24. Was disaasa or injury in any way related to occupation of decaased? If so, specify Tuffault Tuff
20. FILED 2/20 , 19.32 Sas 2017 Registrar.	(Signad) Willea my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	H		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	· 1 year

TION

	A. te	STATE OF MARYLAND—C	CERTIFICATE OF DEATH 01417
	state UPA-	1. PLACE OF DEATH	9 37)
X	occi	County Baltimore	Registration Dist. No. 33
11	E 6	Village or City Woodensburg	NoSt. War
-11	= 0 /	**************************************	death occurred in a hospital or institution, give its NAME instead of street and number)
	Every CIANS ement	212 2.50	ds. How long in U.S. M of foreign hirth?yrsmosd
		2. FULL NAME Hury W. Cabo	ra
	RECORD. PRYSI Exact stat	(a) Residence; No. (Usual place of abode)	St., Ward.
	5 E t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
•	Z	3. SEX 4. COLOR OR RACE OR DIVORCED (rurite the word) White White Warred	21. DATE OF DEATH 724 19 ,193 2
J. C.	T L led.	5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
AIC	MANEN A C T I assified.	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attanded decased fro
BINDIN	CX C	0 15-185-8	l last saw h alive on $7 = 6$, 19 $\frac{7}{2}$; death is sa
B	PE rly ate	6. DATE OF BIRTH (inonth, day, and year) The Property of the State of	to have occurred on the date stated above, atm.
OR	IS A PE stated E properly certificate	17 4 1 1 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	sta pro cer	8. Trada, profession, or particular	were as follows:
ED	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chroma Brondeles 27
	ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ESER	262 6	SAW MILL, BANK, etc	
ES	H m to	O 10. Dale deceased last worked et this occupation (month and yaar) occupation occupation	
出	AGE that ions		Other Contributory Causes of importance:
Z	d. d. so	12. BIRTHPLACE (city or town) (State or country) Many Canad	
MARGIN	UNFADING upplied. AGl terms, so the	13. NAME aliyah asborn	
IA	日間も。	14. BIRTHPLACE (city of town)	Name of operation Date of
A	ly sillain See	(State or country) Way Caud	What test confirmed diagnosis? Was there an autopsy?
	WIT efully in pla ant.	15. MAIDEN NAME Susce Wiscon	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
	いる神神七	15. MAIDEN NAME Suscing Windles 16. BIRTHPLACE (city or town) (State or country)	Accident, sulside, or homicida? Data of injury, 19
	AINLY d be ca DEATH	(State or country) May land	Where did Injury occur? (Specify city or town, county and State)
	Id be DEA'	17. INFORMANT Mus Chus Fromble	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	S PLA Should OF D	(Address) (Lateralown 711) 18. BURIAL, CREMATION, UR REMOVAL	
	E SI	7 10. DUNIAL, CHEMIOTAL 1 1 2 2 (27	Manner of injury

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

24. Was disease er injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 17 193?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU T "			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

EN .	II .	01410
18	PLACE OF DEATH	STATE OF MARYLAND
HYSI	County Baltimore	CERTIFICATE OF DEATH
<u>A</u>		Registration Dist. No. 3 3
ECORD PEXACTLY,	1	0, - + 0.
T RE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A H 33	Widowick Wilder	16 DATE OF DEATH 21 17 , 1932
R BINDI A PERM.	G G DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 7 , 193 2, that I last saw have alive on 7 to 7 , 193 2.
D FO	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at 12:00 g.m. The CAUSE OF DEATH * was as follows:
ERVE	(a) Trade, profession or Prinate State Train	Malnutrilion
RE ING	which employed er (employer) mulls, hid.	Contributory Bronch - Pneumone Secondary
MARGIN UNFADI	(State or country) Waryland	(Durstion) yrs, mos 2 ds.
MAF UN Pould	FATHER John Valchell	(Signed) George (Medany M. D.)
VITI-	O State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
> -	a of Mother Wall asche	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
LAINL	OF MOTHER (State or country) Webraska	At place of death
TE P	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence Thereford (Caroline Co.
WRIT Ite	o School ownsombles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
BEver		20 UNDERTAKER ADDRESS Rustustown
z Z	If more blanks are needed, address State Registran	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken er," etc., without more precise specification as νay laborer, Form laborer. Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. For many occupations a single word or term on especially in industrial employments, it is necesyrs . For persons who have no occupation (b) Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, secident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need not be valvulor heart disease; Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

	OF MARYLAND-	CERTIFICATE OF DEATH	1141!
1. PLACE OF DEATH	mon		1
County () County	atter horse	Registration Dist. No.	
Village or City // LW 134	are- jiro	No. St.,	war
Length of residence in city or town where			
2. FULL NAME ATULL	bom mer	Vernis!	
(a) Residence: No.		St., Ward.	
DEDCOMAL AND COMMON	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
male white	5. SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193. (Yaar)
5e. If married, widowed, or divorcad HUSBAND of (or) WIFE of	9	22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year)	FIEL 28 1932	I last saw h alive on , 19 , 19	· doath le sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	, ocatii is sai
	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8. Trada, profassion, or particular	1 0	male as folions.	Date of onse
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, atc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1111	
Industry or business in which work was done, as SILK MILL,		felles vom migs	
SAW MILL, BANK, etc	11. Total time (years)	(3 nev)	
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	Sattlegron	Other Coutributory Causes of importance:	
13. NAMEHama Manda	ville -	***************************************	
2	olta h	None	
(Stete or country)	and July	Name of operation Data of What tast confirmed diagnosis? Was there en a	
15. MAIDEN NAME Mary	Parrio	23. If death was due to external causes (VIOLENCE) fill in also tha following	
15. MAIDEN NAME // Ary	allon .	Accident, suicide, or homicide?	
(State or country)	Miss	Where did injury occur?	, 4
17. INFORMANT Mary Per (Address)	nis	(Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, OREMATION, OR REMOVAL	us Hoplans	Manner of injury	
19. UNDERTAKEDS at on)	Pat.	Natura of injury 24. Was disaase or injury In any way ralated to occupation of deceased?	
20. FILED TUN 29, 1324	W. Corniex B. Registrar.	(Signati) (Address) (Addre	M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See letter from Or Mo Cornicle 3/19/32 statingthes

PLACE OF DEATH	UZIIJ STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
The second secon	Registration Dist. No. 30
A G. Son	
Village or City France Trave, (No.	
2 FULL NAME Sister Mary Harrit. Mary	Hewrietta aterina Peller tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. SINGLE	16 DATE OF DEATH FIL 18 19232
To 1 1/0 WIDOWED.	
Write the word)	(Month) (Year) (
6 DATE OF BIRTH	Jan 1930 to Feb 29 , 19236
(Nonth) (Day) (Year)	that I last saw h wal alive on Feb 27 19232
ALL FCC .1	and that death occurred on the date stated above, at
7 AGE II LESS than I day	The CAUSE OF DEATH * was as follows:
53 yrs. 10 mos. 17 ds. or min.	
8 OCCUPATION	Carregue of Rection
(a) I rade, profession or Sutter of Charity	J
(b) General nature of industry	(Duration) 3 vis. mos. ds,
business, or establishment in which employed or (employer)	0.1.0.000000000000000000000000000000000
9 BIRTHPLACE	Contributory
(State or country) Germany	(Duration)yrsds.
10 NAME OF SATHER	(Signed) markall B was M. P.
I wow work	Feb 29 19232 (Address) Calousuelle Mid
OF FATHER 4/1	*State the I is ase Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER (State or country)	Accidental, Suicidal or Homicidal.
OF MOTHER THURWY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place in the
OF MOTHER (State or Country)	Of death
14 THE ABOVE IS TAUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea.h?
thomas bugilo William Sular	Former or usual residence
(Informant)	THE ALE STREAM REMOVAL DATE OF BURIAL
(Address) All Squill Courgels. G	Crange hove md Mar 2. 1932
15 3 0.0 telenicus nu cerange	20 ON DERTAKEN
Filed 2/ 193 The Gardina	Henry Vrukens Dousto Orchard So.
If more banks are needed, addre a tate Negistra	r, 16 W. Sarayoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Hausewife, Houselabarer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Hausekeepers who receive a Foreman, or At Hame, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Campasilar, Architect, Locomolive engineer, specifically the occupations of persons en-For persons who have no occupation (b) Automabile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchopseumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. inges, peritonaeum, etc., Carcinama, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid aceident; Revolver wound af head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Whaoping telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drawning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic Example: Measles (disease etc. valvular heart The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR

HEALTH DEPARTMENT—CITY OF BALTIMORE

HEALIH DEPARTMENT	—CITY OF BALTIMORE
CERTIFICATE 1-PLACE OF DEATH CHTY OF BALTIMORE ONO 64 And Rand Rd	REGISTERED NO
2-FULL NAME Body that, Curch (a) RESIDENCE NO. (547 Mrth, Bond B) (Usuai place of abode) Length of residence in city or town where death occurred yrs. mos.	instead of street and number.) ST., WARD (If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) 2-6 19 37
5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day, and year) 7 AGE Years Months Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY, That I attended deceased from 2-6, 19.32, to 2-6, 19.32 that I last saw here on lead 1-6, 19.32 and that death occurred, on the date stated above, at 5.0 m. The CAUSE OF DEATHS was as follows:
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9 BIRTHPLACE (city or town) (State or country) 10 NAME OF FATHER William Name Ruice (State or country) 12 MAIDEN NAME OF MOTHER (city or town) (State or country) 13 BIRTHPLACE OF MOTHER (city or town) (State or country) 14 Informant.	(duration) yrs. mos 7 ds CONTRIBUTORY (Secondary) (duration) yrs. mos, ds 18 Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? (Signed) , M. D *State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
Informant (Address)	MUVAL
(Mulicoo)	S HUPAINS HUSE 19

[Approved by U. S. Census and American Public Health Asso.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, amples: (a) Spinner, (b) Cotton mill; (a) Saleswrite None. For persons who have no occupation whatever, may be indicated thus: Farmer (retired, 6 yrs.). ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginhas been changed or given up on account of the persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation ployed, as At school or At home. Care should be taken to report specifically the occupations of work, or At home, and children, not gainfully emonly (not paid Housekeepers who receive a defiwho are engaged in the duties of the household factory. The material worked on may form part man, (b) an additional line is provided for the latter stateto know (a) the kind of work and also (b) the nature of the business or industry, and therefore pecially industrial employments, it is necessary e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, esirrespective of age. For many occupations a single The question applies to each and every person healthfulness of various pursuits can be known occupation is very important, so that the relative Statement of Occupation .- Precise statement of or term on the first line will be sufficient, Grocery; (a) Foreman, (b) Automobile) may be entered as Housewife, House

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcona, etc., of......(name origin;

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all disstatement of cause of death approved by Com-Revolver wound of head—homicide; Poisoned by earbolic acid—probably suicide. The nature of mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conmittee on Nomenclature of the American Medical the injury, as fracture of skull, and consequences drowning; Struck) by railway HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental OF INJURY and qualify as ACCIDENTAL, SUICIDAL, was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation as "Puerperal septicemia," "Puerperal peritonieases resulting from child birth or miscarriage, or terminal conditions, such as "Asthenia," "Anæease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) cough, Chronic valvular heart disease; Chronic for malignant neoplasms); Measles; Whooping Association.) head of "Contributory." (Recommendations on (e. g. sepsis, tetanus) may be stated under the interstitial nephritis, etc. "Cancer" is less dewnite; avoid use-of "Tumor" Example: Measles (disaffection need not be The contributory (sec-"Atrophy," "Coltrain-accident;

ADDITIONAL SPACE FOR FURTHER STATEMENTS



MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise relationer, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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		Melmer		yer
	ONAL AND STATISTI			DICAL CERT
temal	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DE	TU SU
6 DATE OF E	<u>u</u>	quel 22 18	19 TeV 14	CERTIFY,
7 AGE	(Month)	IfLES	S than and that death and the CAUSE OF	occurred on the
business, or	nature of industry r establishment in loyed or (employer)	4.	Contributory	(D.
10 NAME FATHE	PLACE QUEST	Class	(Signed)	1923 2 (Address)
H OF FA	e or country)	many	Violent Cause Accidental, Sui	s l'iscase Cau s, state (1) M cidal or Homicida
13 BIRTH OF MC	IPLACE DI	nand	At place of deathyrs	nt Residents)
(17care		OF MY KNOWLEDGE	Where was disease if not at place of Former or	dea.h?
(Informa	V.m. To	renel	usual residence	

MARYLAND

E OF DEATH

Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME i, -stead of street and number.)

OF DEATH

.....(Day)

tended the decrased from

.yrs......ds.

or, in deaths from njury and (2) Whether

itals, Institutions, Trans-

te......ds.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stutionary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Scream, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile fuctory. The material whatever, write None. business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); fercer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dr. pncumonia, Bronchopneumonia ("Pneumonia,

> tetunus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary Examples: Accidental drowning; Struck by railway trainfracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. LL 2

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in stead of street and

mual.	number.)
MEDICAL CERTI	FICATE OF DEATH
16 DATE OF DEATH	Feb 27 , 1932.
(N	Ionth) 2, (Day) 27 (Year) 3
17 I HERERY CERTIFY.	That I attended the deceased from
Feb 25 1922	to Feb 27, 1932
that I last saw h Auralive on	1 1 27 20
and that death occurred on the	date stated above, at 3/2m
The CAUSE OF DEATH * was as	
Lobar To	venuonia.
74.44.004	deal dequarters.
	4
	ration)yrsmosde
Contributory Tung	ocar deal delitat
Secondary	8 do
	urstion)
(D.B.)	et belson M. D
Feb 27,932, (Address)	1120 of Paul At.
	ing Death, or, in deaths from eans of lnjury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients or Recent Residents)	
At place of deathmosds.	In the Stateyrs,mosde
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAS OR REMO	DATE OF BURIAL
Louden Vark	Much 1-32
20 UNDERTAKER A	APPRESS

(Approved by U. S. Census and American Public Health Association.)

cases, tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation (d) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condi Chronic interstitial nephritis, approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Chronic affection need etc. The contributory valvular Nomenclature Always qualify all heart Measles; disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRUE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Waltern ors	Registration Dist. No.
Village or city Catonsulle April	death occurred in a horpital or institution, are its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Raffert	7
(a) Residence: No. lukure	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH 23 4 (Modelly) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
A DITT OF DIDTH (THE) ARE OF THE COMME	1 193 10 7 2 3 19 3 2 3 19 3 2 3 19 3 2 3 19 3 3 3 3 3 3 3 3 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last saw h alive on alive on alive on alive on the date stated above, at 6200 m.
76 / 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNES, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lodustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Ohr. July Mephrete 3ms
this occupation (month and spent in this occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Jas Pallerte	Chr. Dr. Alles 1/m
13. NAME Sas Vafferly 14. BIRTHPLACE (city or town)	Name of operation
(State or country) oreland	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Euclyn Daly 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT N - G Grash (Address) Cut Hall	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date 2/26 1932	Manner of injury
19. UNDERTAKER Harry & Cartholic Gue	24. Was disease or Injury In any way related to occupation of deceased? 21.02 =
20. FILED 7 19 Registrar.	(Signed) Soft Samuel M.D. (Address) Reforman Of M.A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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SURFAU V.S.	5 1		
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Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEA

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1915 Atlack of epilepsy 1 week ago
ephritis 1921 Run over by street ear 1 week ago
July 5, 1927 Peritonitis 3 days ago
causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year
May 1,1923 Gastroenteritis

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic The nature of the injury, affection need not be etc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and all questions auswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING	S IS A PERMANENT RECORD	e stated EXACTLY. PHY	e properly classified. Exact st	f certificate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	TION is very important. See instructions on back of certificate.

V. S. No. 1

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item

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of OCCUPA.

tement

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CIANS

1. PLACE C

2. FULL NA

Female 5e. If merried, wido HUSBANO of

6. DATE OF BIRTS 7. AGE

(Stete or country)

17. INFORMANT Mrs. Ida Gyr

3. SEX

OCCUPATION

STATE OF MARYLAND	CEPTIFICATE OF DEATH
PLACE OF DEATH	Registration Dist. No. 44
Village or City White Marsh (If	No. Cowent on Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. White Marsh (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) emale White Widowed f metried, widowed, or divorced HUSBANO of	21. DATE OF DEATH (Solution (Dey) (Year)
(or) WIFE of Charles W. Robinson	22. I HEREBY CERTIFY. That I ettended decessed from MCA 12, 1932, to 7.4.1.5, 193.2
ATE OF BIRTH (month, dey, and year) NOV. 15, 1879	I last saw h Lt. alive on FLA 14
GE Yeers Months Deys If LESS then 1 day,hrs. 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home	Disheters Millitus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oete deceesed lest worked at this occupetion (month end year)	

yaar) 12, BIRTHPLACE (city or town) Balto. Co. (Stete or country) Md FATHER George B. Sterling 13. NAME 14. BIRTHPLACE (city or town) Harford Co. Nema of operation.... (Stete or country) Md. What test confirmed diegnosis?_____ Was there en aulopsy?____ MOTHER 15. MAIDEN NAME Mary R. Kline 23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?______ Oata of injury_____ 19_____ 16. BIRTHPLACE (city or town) ... Harford Co.

White Marsh. (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Ebenezer Cem. Oate Feb. 17 19

19. UNDERTAKER ____ Belair Road 24. Was diseasa or injury in any way related to occupetion of deceesed? If so, specify _____

Manner of injury

(Address) ___

(Specify city or town, county and State)
Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registar.

Whera did Injury occur?_____

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: ZEGI & JVW	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
US. 8. 28. 28. 28			

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

01428

1. PLACE OF DEATH			
County Baltimore		Registration Dist. No. 9	38-
Village or City EUDOWOOD S.	, (II	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where dea	ath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsm	osos.
(a) Residence: No. 2908	Silve IFU (Usual place of abode)	Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIWORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 2-
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended	decaased from
6. DATE OF BIRTH (month, day, and year)	ely 1894.	I last saw h alive on	death is sald
7. AGE Years Months V	Days If LESS than 1 day,his. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	- P	Fulmonary Juliulosen	1977
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and			*
10. Data deceased last worked at this occupation (month and yaar)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town)	ann Co.	Other Contributory Causes of importance:	7
(State or country)	oth Stown		(1930 3)
13. NAME 14. BIRTHPLACE (city or town). (State or country)	a anne co	Name of operation Date of What tast confirmed diagnosis? Research Research Was there an	au opsy?
15. MAIDEN NAME Seronist 16. BIRTHPLACE (city or town) (State or country)	Wettmon,	23. If death was dua to axternal causes (VIOLENCE) fill in also the following	g:
(State of Country)	rsonal History	Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and Sta	
Hospital RecordsPe 17. INFORMANTI-DOWOOD SANATOR	MINISTER MANAGEMENT	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Place	Date July 27 19 32	Manner of Injury	,
19. UNDERTAKER - Chas. I Co	vans Son	24. Was diseasa or injury in any way related to occupation of deceased?	Day .
20. FILED +11-24, 19.32 W	NP Buller	(Signed) Eudowood San Towson	M, D.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 7 1932 4				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		

Registrar

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7 AGE Ilf LESS than l day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHBLAC OF FATHER FNA (State of country) 12 MAIDEN NAME ď OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (Informant) (Address)

and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

Contributory Secondary (Durstion)

1932 (Address) ... *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs mos. 4 ds.

Where was disease contracted, if not at place of death?...

BURIAL OR REMOVAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Forcman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Salesman, person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospixal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse, resulting from childbirth or miscarriage as by Committee on "" "Weakness," etc., when a definite disease "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease Tuberculosis of lungs, men-," "Coma," "Convulsions, etc. The contributory Measles;

If this certificate is longer over thoroughly and all questions answered in detail of will prevent of the data is essential and must be obtained before the certificate is permanently sted.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS, should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. T RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN V. S. No. 1 N. B.-

PLACE OF DEATH County Saltinare	STATE OF MARYLAND CERTIFICATE OF DEATH
0.1,000	Registration Dist. No.
Village or City/Melle RweyNo	St: Ward) St: Ward) a hospital or institution, give its NAME listead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 72 3 , 1923 2
6 DATE OF BIRTH 766 3 , 193	17 I HEREBY CERTIFY, That I attended the deceased from 3 1927 to 1927
(Month) (Day) (Ye	- 126P
Tillborn Iday	
yrsds. or	nin.?
8 OCCUPATION (a) Trade, profession or	Sullan Colleyo.
particular kind of work	
business, or establishment in	(Durstion)yrsmosds,
9 BIRTHPLACE (State or country) Milelle Rover,	Contributory Secondary (Durstion) yrs mes. ds.
10 NAME OF FATHER FAUL Rund	(Signed) 413, Title w M. D.
11 BIRTHPLACE OF FATHER (State or country) Salturare Michigan 12 MAIDEN NAME (12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Trola pitzel	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Sultumore / K	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Muddle River, M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Working Harking Ench Deft Feb 4, 182
15 Filed J'es 5th 1923 2 le l'illomies l'egistra	20 UNDERTAKER ADDRESS
If more bianks are needed, address State Regi	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day first line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Example: Measles (disease ," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Baltimore St.

S. No. 1

N. B.--

		11401
PLACE OF DEATH	STATE OF	MARYLAND
County Baltimore		E OF DEATH
	Registration	Dist. No. 30
Village or City Catonsville (No. 821 Frederi 2FULL NAME John Henry Schotta	ck Ave. St.: Ward	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male White Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH Februa	ry 5 , 192x 32
May 22 , 1848 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I a 1931 to the that I last saw h imalive on the	ttended the deceased from
7 AGE [1] LESS than 1 day hrs. 7 mos. 14 ds. or min.?	. The CAUSE OF DEATH * was as follows:	ed above, at 7.15 Am.
(a) Trade, profession or particular kind of work Retired Carpent (b) General nature of industry business, or establishment in which employed or (employer) State of Maryland	(Duration)	yrs. 6 mos 23 do.
OBIRTHPLACE (State or country) Catonsville Maryland	Contributory Secondary (Duration)	- yro Sudden
10 NAME OF Henry Schotta	(Signed) Bishop	Lane & Frederick
OF FATHER (State or country) The Birthplace Germany	*State the Discase Causing Death Violent Causes, state (1) Means of	onsville, Md. n, or, in deaths from lajury and (2) Whether
12 MAIDEN NAME OF MOTHER UNKNOWN	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place In the of death yrsmosds. St. Where was disease contracted,	atd 1 Co. mos de.
(Informant) Miss Cora E. Schotta	if not at place of death?	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)821 Frederick Ave., Catonsville	Hoddon Tark Come cory	Feb. 8 , 19 32
5 Filed 2 0 192). Helder	20 UNDERTAKER	1003 West

Gegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeation as very laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House whatever, write None. business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

carbolic acid—probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Letanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mcre symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "OT TIS probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing interstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1932

FOR BINDING

MARGIN RESERVED

	S	TATE O	F MAR'	YLAND-	CERTIFICATE OF DEATH	432
1	L PLACE OF DEA				115-01	
	CountyBaltimore				Registration Dist. No 34	
	Village or City	Mt. Zio	n, Reis	terstown	P • NO • St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	Length of residence in o	city or town where d	aath occurred		. 28 ds. How long in U.S. if of foreign birth?mos.	
2	. FULL NAME	Walter	Cletas	Shaffer		
	(a) Residence: No.	Mt. Zi	on, Md.		St., Ward.	
scace:			(Usual place o		If nonresident give city or town and Si	ate
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	Male Wh	or or RACE	5. SINGLE, MARE OR DIVORCED	(Swrite the word)	21. DATE OF DEATH February (Month) (Day)	193 2 (Yaer)
5e.	5e. If married, widowed, or divorcad HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That X MORROW TO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
6.	DATE OF BIRTH (month, da	y, and yaar) F	eb. 17,	1931	MAKKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
-	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 2 A . m.	
	0	11	28	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate of onset
OCCUPATION	8. Trada, profession, or perticular kind of work done, as SPINNER, NONE SAWYER, BOOKKEEPER, etc.					*
	. Industry or business i	n which			Septic-Sore Throat	3./
CUP	work was done, as SAW MILL, BANK,		None			1121
0	Date deceased last worked at this occupetion (month and spent in this		t in this		/32	
	year)	1/L 7/3		pation	Other Contributory Causes of Importence:	
	(Stata or country)	,	ion, Md.			
HER	13. NAME Walte	er Herman		_		
FATHER	14. BIRTHPLACE (city or t (Stata or country)	own) Mar	yland, U	J. S. A.	Neme ef operation	opsy?
1ER	15. MAIDEN NAME F	Ruth Viol	la Brown	1	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city ar t (Stete or country)	own)Mary	yland, I	I. S. A.		
17.	17. INFORMANT Walter Herman Shaffer (Address) Mt. Zion, Md.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	E.
18. BURIAL, CREMATION, OR REMOVAL PIECE DW. Grow Data 2-16, 1932				, ,	Mannar of injury	
19. UNDERTAKER Edward C. Tipton, (Address) Hampstead, Md.				~ · · · · · · · · · · · · · · · · · · ·	24. Wes disease or injury in any way ralated to occupation of dacaased?	
20.	FILED 134.16	0	E. Frowth	m. 10,	(Signad) Corc (Address) Pikesville Maryla	onem.o.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephi	itis	1921	Run over by street car	1 week ago
Corebral hemorrhage	BURBAU Y. S.	July 5,1927	Peritonitis	3 days ago
			4 4 15 5	
	La Tanasa de la companya della companya della companya de la companya de la companya della compa	A-carl		
Other contributory ça	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	*Gastroenteritis	1 year
	hann regis from little			

Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and State and should be a compared to the secure of the city or town and State and St	1. PLACE OF DEATH	(23)
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 2. FULL NAME. Shadden and shade and shade are considered as a shade and shade. (a) Residence: No	County Balto	Registration Dist. No. 33
2. FULL NAME ELVA VIOLA (a) Residence: No. (Unsulplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DEVORCED (ower by word) 5. Il married, widowed, or divorced (or) WITE of Very Blookers (or) WITE of	Village or City Freeland R.D.	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARRIED, WIDOWED, OR DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, That I attended decreased from the world of or divorced (co) WIFE of FIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular p		mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(a) Residence: No.	St., Ward.
The profession, or particular wind of word done as SPINNER. SAVER BOOKERER, etc. 10. Date Good and State of State or country) 22. I HEREBY CERTIFY. That I attended deceased from 19.3 to 19	PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Journy Shall and the state of the		he word) Jeh' 7, 193 2.
7. AGE Years Monthy Days 11 LESS than 1 day, introduced by the stated above, at // Pt.m. 8. Trade, profession or particular for min. 9. Industry or budness in which were as Joffwar as Joffwar for min. 10. Date decased last worked et spont in this occupation for min this occupation for min this occupation for min this occupation for min this occupation. 11. Distributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME	HUSBAND of	
8. Trade, profession, or particular kind of work done, as SPINNER, SOKKEPPER, etc. SAWYER, BOOKKEPPER, etc. SAWYER, BOOK		
Sindustry or business in which work was done, as SPINNER, SAWYER, BOKKEPER, etc. 10. Date deceased last worked et this occupation (month and yoar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVALS (Address) 19. UNDERTAKER FAMILLIARS 19. UNDERTAKER FAMILLIARS (Address) 19. UNDERTAKER FAMILLIARS (Address) 10. Tite DEL 11. 1332 Ammuel & Muller (Signed). M. Mare of operation. Other Ceatributery Causes of importance: Other	38 1 7. 1day, or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL. 18. BURIAL, CREMATION, OR REMOVAL. 19. UNDERTAKER PARAGUMENT CR	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which	rk,
12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL. 18. BURIAL, CREMATION, OR REMOVAL. 19. UNDERTAKER PARAGUMENT CR	work was done, as SILK MILL, SAW MILL, BANK, etc	5)
(State or country) 13. NAME State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER Fartening State Stat	yoar) occupation	Other Contributory Causes of importance:
What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER Arterior and State Arterior and State Arterior and State Arcident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred	(State or country)	d _j
What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER Arterior and State Arterior and State Arterior and State Arcident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred	14. BIRTHPLACE (city or town) Balto	Name of operation
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER Fasteuslaus Money Seed (Address) 19. UNDERTAKER FASTEUS MONEY SEED (Addres	(State of country)	What test confirmed diagnosis? Was there an autopsy?
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER Fasteuslaus Money Seed (Address) 19. UNDERTAKER FASTEUS MONEY SEED (Addres	I 15. MAIDEN NAME / Wester Price	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Start Generally, State Set 12., 193. 19. UNDERTAKER Fartenstones Start	O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county and State)
Stoken Genelery, Suld Vate Tel-12., 193. Nature of injury 19. UNDERTAKER Farleins Received 12. Was disease or injury in eny way related to occupation of deceased? (Address) 19. UNDERTAKER Farleins Received 15. Willer) 19. UNDERTAKER Farleins Received 15. Willer (Signed) 19. UNDERTAKER Farleins Received 15. Willer (Signed) 19. UNDERTAKER FARLEINS RECEIVED 15. Willer (Signed)	(Address) Freeland, fleed	(RD)
(Address) 16 so, specity 20. FILED FEb 1! 1932 Samuel & Willer) (Signed) (Signed) (Signed)	Store Genelery, Sulg Page Feb 12	
20, FILED LOT 1 1932 MILLER D. MILLER		
	20. FILED FEb 11 , 1932 Samuel & Mill	

STATE OF MARYLAND-CERTIFICATE OF DEATH

re, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	s - a abumi	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4 121(1)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 4 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	SULLING V	- marine consistent		
Other contributory causes	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
•				

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Village or City Der Park (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 St.: Ward) (If death oscurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WHOWED. OR DIVORCED (Write the word) Married 6 DATE OF BIRTH March 7, 1853	16 DATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1922, to 728, 2 , 1923, that I last saw h alive on 746, 2 / 1923,
(Month) (Day) (Year) 7 AGE If LESS than day hrs. de. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work Return Farmer	and that death occured on the data stated above, at I a m. The CAUSE OF DEATH * was as follows: Jacob Lab - Lales Land Info
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Mareland	Contributory Secondary (Duration), yrs, mos, de
10 NAME OF FATHER LOS Shipley 11 BIRTHPLACE OF FATHER (State or country) Dont Ryon 12 MAIDEN NAME O	(Signed) A. P. Sleade M. D. T. State the Disease Causing Death, or, in deathe from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Susce These 13 BIRTHPLACE OF MOTHER (State or country) Dent Russe	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) At place of death yis description of death yis description description.
(Informant) Grana C. Shriftley (Address) 3336 Plas wickers. Filed File 22 19232 Mc DRE, Sleeter Registrar	if not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, tired 6 yrs). state occupation at beginning of illness. If retired from work, whatever, write None. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the or At Home, and children, not gainfully emengineer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Architect, Salesman. (b) engincer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, letamus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing stated unless important. (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary). Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

8

PLACE OF DEATH County Ralling	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 442
Village or chausdouriano. 4091 2FULL NAME Mary James	Summont (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feruse White Single, Married Married Wilsowed. OR DIVORCED (Write the word)	16 DATE OF DEATH F. 25, 1932 (Month)—(Day) (Year)
6 DATE OF BIRTH	17 I PIEREBY CERTIFY, That I attended the deceased from
(Month) 2 3 ,/847 (Month) (Day) (Year)	that I last saw her alive on Feb 24, 1923, and that death occured on the date stated above, at 120 Pm.
7 AGE SU yrs. 3 mos. 2 ds. ormin.?	The CAUSE OF DEATH * was as follows: Heyocardeal lusufficiery
B OCCUPATION (a) I rade, profession or allowers particular kind of work	00)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mas L. day
9 BIRTHPLACE (State or country) / ward Co.	Secondary Chronic Factuties (Duration) yrs mos. de.
FATHER Freebow a. Arpslay	(Signed) Macros 29/0/60 Clares Feb 25 1923 24 Address 29/0/60 Clares Fee
OF FATHER Z (State or country) / Sward Co	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Wary & Sleeplay	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos ds. ds. State yrs ds.
(Informati) Aug Duelon Gue andeel	if not at place of death? Former or usual residence.
(Address/15 Second Quo	Jouden Fark 227, 1932
15 Filedely 25 1932 Gettinglieffer	LO UNDERTAKER COOK 1217 St Pau

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baite., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," et ... Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farrer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros minutes fever (the only definite synonym is "Epidemic cerebros minutes and meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Fronchopneumonia ("Pneumonia,")

approved by Committee on If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meastes unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. valvular heart disease Nomenclature Always qualify all The contributory

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(801)
county (Baltimae Co.	Registration Dist. No. 38
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Asac tranche Sin	
(a) Residence: No. Toward RFD: # (Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (spring the word) Whate	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of COC WIFE ST Bortha Virginia Tagg (Simms)	22. HEREBY CERTIFY. That I attended deceased from Feb. 25, 1932, 1932
6. DATE OF BIRTH (month, day, end year) Jug. 23, 1888	I lest saw him elive on Felt 25, 19.32; deeth is seid
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, at _7.20 P.c.m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed as worked et this occupation (month and decessed in the securation (month and decessed in the security	Prusmona, Lobar 2/20/32
work was done, as SILK MILL, SAW MILL, BANK, etc. To. Date decessed last worked et this occupation (month end 9/10/32 11. Total time (years) spant in this occupation 30	
12. BIRTHPLACE (city or town) State or country) And Parties Townson R. D.	Other Contributory Carges of Importance: Valoral Grant disease; bienspid whom with decompensation.
13. NAME Issac Francis Limins	
14. BIRTHPLACE (city or town) Bayneville (Stete or country)	Name of operation Dete of Dete of Whet test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME Mary Elizabetto Frances 16. BIRTHPLACE (city or town) - Joseph Carren (State or country)	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Lister: Mrs. Clen Cyse (Address) Towson, R.D. #6	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Providence low bate Fib, 28, 1932	Manner of injury
19. UNDERTAKER John Burns Sons (Address) Journ	24. Was diseese or Injury In eny way releted to occupetion of deceased? 26.
20. FILED Feb 20, 1922 Mr Coulter Del Registrar.	(Signed) Sollin & Hudin M. D. (Address) La la Balta, Over, Towny M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

~ Example · I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the same of th	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Marie and		Example II	
The principal cause of death and reof importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	CAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impor	tance:	- Andrews	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH Ballimore	922 5" Dish. J. Back C. Ond. Registration Dist. No. 34
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME da may Smith	ds. How long in U.S. if of foreign birth?yrsmos,dsds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fich 67 , 1932 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of John Smith	22. HEREBY CERTIFY That I attended deceased from 1930, to File 6 18 , 19.32
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. of or min.	to have occurred on the date stated above, et 3 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Abuse work 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) are functionally appear occupation.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Aortic Regurfilation arthe
(State of county)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Away Raws 17. INFORMANT Mis Way Raws	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place & Lawrence Court for Date Fills 9th, 1932	Manner of injury
19. UNDERTAKER Mrs Coll Fronts & Done (Address) Mrs Coll Fronts & Done	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fich & 19 3 2 Registrar.	(Signed) M. (Address) Cockees with M. (Address) Cockees with M. (Address) Street, Baltimore, Requesting W.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 103?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
·			

V. S. No. 1

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1. PLACE	STAIL C	JF MAR	TLAND	CERTIFICATE OF DEATH	1439
County B	altimore	; 		Registration Dist. No. 4	4
Village or	City Bengies,	Md.	(II	No. Fastern Ave. & Carroll Isila f death occurred in a hospital or institution, give its NAME instead of street and	nd Ryby
Length of re				sds. How long in U.S. If of foreign birth?yrs	nos ds.
2. FULL N		C. Stai	b		
(a) Reside	ence: No. Bengies	Md . (Usual place	of abode)	St., Ward. If nonresident give city or town and	d State
PERSO	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb. 10th, (Month)	, 193 2 (Year)
5e. If merried, wido HUSBAND of (or) WIFE of	Anna V.	Staib		22. July CERTIFY, Thet I ettended	deceased from
	(month, day, and yeer) Ma	y 29, 1	863	I lest saw h alive on feb. 10 1937	deeth Is seid
	eers Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8.2.10 P.m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	1
8 Trade prof	lession, or perticuler work done, as SPINNER, R, BOOKKEEPER, etc.				Oate of onset
Kind of SAWYE SAWYE Work W SAW M 10. Date this open	r business in which yes done, es SILK MILL, IILL, BANK, etcS	elf		Chronie My resultis	
	esed last worked at cupetion (month end 9 Mo	11. Total i spa occ	ime (yeers) nt in this upation 35yrs		
12. BIRTHPLACE (C		0		Other Contributory Causes of Importance:	
13. NAME	Louis Staib				
	CE (city or town) Bal or country) Md.	to.		Neme of operation Date of Whet test confirmed diegnosis? Clinical Sentanges there en	autoney? leo
15. MAIDEN N	AME Katherin	e Hess		23. If deeth was due to externel ceuses (VIOLENCE) fill in also the followin	
	CE (city or town)	rmany		Accident, suicide, or homicide?	, 19
17. INFDRMANT (Address)	Anna V. Bengies	Staib		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	ATION, OR REMOVAL		13. 19.32	Manner of Injury	
19. UNDERTAKER (Address)	-1 . 1 -	Land	Low	Neture of injury 24. Was disease or injury In eny wey related to occupation of deceesed?	سه
20, FILED Zeb.	R , 19 32 / . W.	Connelle	Registrar.	(Signed) J. White (Address) Essey, h	M. D

4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and relate of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nophritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		Perilonitis	3 days ago	
Other contributory causes of importance	e:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Ballo	CERTIFICATE OF DEATH
f . o.	Registration Dist, No.
Village or City Harrows Somt (No.	20 Ward) (If death occurred in a hospital or institu-
2FULL NAME Damil /ay	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH #26 Month) (Day) (Year) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h in alive on 18 2 2 1903.
7 AGE If LESS than	
3536 yrs. 6 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Lobar Trum oma
(b) General nature of industry business, or establishment in which employed or (employer) Belleville (State or country)	Contributory D M Secondary
10 NAME OF FATHER Was Tacker	(Signed) Javan L. Karby M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER GROUP James	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Le mais Jemlino	Former or usual residence Laft ah annes 19
(Address) 920 f. At. Approx	Japunosk Uw 28, 28, 1932
Filed File 75 19232 Is Allowing Registras	20 UNDERTAKER ADDRESS ADDRESS BUILDING
If more banks are needed, addre.s Ltate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.
(a) Foremun, (b) Automobile factory. The materia sary to know whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cich and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation--Precise statement of ocreport specifically the occupations of persons enor At Home, and children, For many occupations a especially in industrial employments, it is necesyrs). Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the If the occupation has been changed single word or term on not gainfully em-The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart lauure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. (Recommendations on statement of cause of carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on or intercurrent) "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage, Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease affection need etc. The Nomendature of the contributory Measles; not be

If this certificate is tooked over moroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

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(Address)

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PLACE OF DEATH	(9 2
lage or City Milita (No	7 <u>0</u>
PERSONAL AND STATISTICAL PARTICULARS	
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 D
DATE OF BIRTH	112
(Month) (Day) (Year)	that
GE [If LESS the	an and
75 yrs. 7 mos. 19 ds. or min	
a) Trade, profession or Black Suitt	•
o) General nature of industry usiness, or establishment in thich employed or (employe <u>r)</u>	***********
(State or country)	- c
10 NAME OF Frank Vemple	(Signe
11 BIRTHPLACE OF FATHER (State or country)	4
12 MAIDEN NAME OF MOTHER	18 LI
13 BIRTHPLACE OF MOTHER (State or Country)	At plant of dea
(Informant) Elma S. Temple	if not Forme

(If death occurred in a hospital or institu-.....Ward) tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH TE OF DEATH (Month)(Day) I last saw handalive on hat death occurred on the date stated above, at ntributory Secondary Causing Death, Disease *State the deaths from or, in olent Causes, state (1) Means of Injury and (2) Whether cidental, Suicidal or Homicidal. NGTH OF RESIDENCE (For Hospitals, Institutions, Transts or Recent Residents) In the was disease contracted, at place of death?... DATE OF BURIA 20 UNDERTAKE ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. whatever, write None. Foreman, (b) For many occupations a single word or term on (b) Colton mill; (a) Salcsman, (b) man, (b) Automobils factory. The For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery; material Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL sephicaemia," "PUERPERAL perilonilis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved by Committee on Nomenclature of the American Medical Association.) letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. NG

or OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF D	EATH U149
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		/3	. 3	
61	4	4	2	

1. PLACE OF DEATH			(5)	
County Baltimore	************		Registration Dist. No. 32	
Village or CityBrookland Length of residence in city or town where do			NoSt., W death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Herbert	T. Thom	188		
	oklandvi (Usualplace	lle	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Married			21. DATE OF DEATH February (Month) (Day) (Year))
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Mary Dora T	homas		22. HEREBY CERTIFY, That I attended decaased to January 5, 19 31 to February 10 19 3	2
6. DATE OF BIRTH (month, day, and year) Nov. 7. AGE Years Months -58 2 8. Trado, profession, or particular	rember 22 Days	If LESS than 1 day, hrs. or min.	I last saw h_imalive on February 9	said
SAWYER, BUDKREEPER, etc. 5. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town)	spe occu	ime (years) nt in this upation	Carcinoma of Bladder 1-52 Other Contributory Causes of Importance:	31
13. NAME George Thomas 14. BIRTHPLACE (city or town) Not (State or country)	known		Nama af operation. Date of	
15. MAIDEN NAME Mary Stover 16. BIRTHPLACE (city er town) (Stata or country) Pennsylvania			23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
	Thomas	Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge	Data Feb	12, 19 32	Manner of injury	
19. UNDERTAKER John Burn (Address) Tows	ns Sons		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Feb. 10, 19 32 Di	. E. E.	Nichols Registrar.	(Signed) 6 c 6 / Class) (Address) Pikesville, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I	7	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAR 2 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V. 8	. July 5,1927	Peritonitis	3 days ago
		زد		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			<i>y-</i>	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	(-1) CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
RVEI	C-THI	q pino	may b	back o
RESE	NG INE	AGE sh	that it	ous on
IARGIN	UNFADI	upplied.	terms, so	e instructi
5	WITH	refully s	in plain	ant. Se
	PLAINLY,	nould be car	JE DEATH	very import
Vo. 1	WRITE	mation sl	CAUSE (TION is
V. S. No. 1	N. B	(T)

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	1444
County Balto Go.		78	3
	- Dt. One	No. P. O. Ournes Phills St	
Village or City Oach Hee	(1)	No. 0 St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where d	eath occurred 32 yrs 2 mos	sds. How long In U.S.if of foreign birth?m	osds.
2. FULL NAME / Mic	M. Illman		
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Finale 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 Z
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G.	Tillman	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	11 16 1899	1 last saw h & alive on	
7. AGE Years Months	Days If LESS than	to have occurred on the dete stated above, at & D m.	; death is said
32 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular	[(Ulasson-allille	Carpenna of Wese	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			Q. 0- 3
work was done, as SILK MILL,	use wife		8-1-
10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Balts (State or country) Mid	Go	Other Coutributory Causes of importance:	• ****
13, NAME Charles T &	arkus		-
E Mali	To Go		
14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of	
15. MAIDEN NAME Carrie B	elt	What test confirmed diagnosis? Wes there an a	
15. MAIDEN NAME Carrie B 16. BIRTHPLACE (city or town) Dall (State or country)	to bile	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17. INFORMANT & Sparles 9. (Address) Owing mil	Collman Co mid	Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place arrolls Chapelle	Date Feb 14 1932	Manner of injury	
19. UNDERTAKER Line 6 (Address) Rustington on	Song Mid	24. Was disease or Injury in any wey related to occupation of deceased?	
20. FILED 5 19, 19.32	. To Slade?	(Signed) IR comb nece	
If more b	lanks are needed, address State Revisionar	2417 N. Charles Street Relimore Paguettes 71 S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

7	1	. #
V	CAINLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD	information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
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SANGLIA ROLL OF ARBURA NIBRAM	*	SAU
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PLACE OF DEATH. County Ballings	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 38
Village or City Overdence (No. Ella 2FULL NAME Esta Eleanor	St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street arnumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Ful 9 , 193 2 (Month) 9 (Day) 1932 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw has alive on Falr 8 , 193 3
7 AGE If LESS than I day hrs.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Robert Million 11 BIRTHPLACE OF FATHER (State or country) State or country Perusale and a	(Signed). Cleavel Award M. 1 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds.
(Informant) Mus. V. C. Mackay (Address) Journ M. d.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURTAL OR FEMOVAL Callegrams on July 19 3:
Filed file 1982 MM & Quiller Registrar If more blanks are needed, address State Registrar	20 UNDERTAKER W. C. Bertles & Sn. Barley, M. A. 16 W. Saratora St., Balton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architeat, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, 6 yrs). in domestie service for wages, as Servant, Cook, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm loborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the mill; (a) Salcsman. not gainfully em-(b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DIE. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.:se. Examples: Cerebros wind fever (the only definite synonym is "Epidemic carebros spinal meningitis"); Diphtherio avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Cobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed

delaylar may be stated under the head of "contributory." If this certificate is looked over thoroughly and above ed in detail, it will prevent further correspondent as a contain and must be obtained before the American Medical Association. approved by as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL **ephicacmia," "PUERPERAL perilonilis," etc. "Debility" ("Congcuital," "Senile," etc., "Dessy," "Erhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: A coidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on (!hronic and consequences e etc. valvulor heart Nomenclature The contributory Always qualify all not be discase, of the

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

County Tallimore					Registration Di	st. No. 44	
	Village or City	essex			No.	St., Wa	
Langth of residence in city or town where death occurred yrs. mos. 2. FULL NAME Still borne W					f death occurred in a hospital or institution, give its NAME is ds. How long In U.S. if of foreign birth?		
	(a) Residence: No.				St., Ward.	16	
-	PERSONAL AN	ID STATIST	(Usual plac		MEDICAL CERTIFICATE C	ve city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate On property of the word)					21. DATE OF DEATH Lebruary (Month)	/6 , 1932 (Oay) (Yaar)	
5a. tf married, widowed, or divorced HUSBANO of (or) WIFE of					22. I HEREBY CERTIFY. That I attended decreased		
6. I	DATE OF BIRTH (month, da	y, and year)			t last saw h aliva on	; death Is	
7. /	AGE Years	Months	Days	If LESS than I day, hrs. or min.	ware as follows:	of Importance	
CCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE! 9. Industry or business in work was done, as SAW MILL, BANK, JO, Data deceased last wo	n which SILK MILL, etc rked at		time (years)	Shis Infand was floating in Bear C by Officer Stanly		
12.	this occupation (moyear) BIRTHPLACE (city or town) (State ar country)		sp oc	ent in this cupation			
HER	13. NAME						
FATH	14. BIRTHPLACE (city or to (Stata or country)	own)			Nama of operation	Data of	
ER	15. MAIDEN NAME -				23. If death was due to external causes (VIOL ENCE) fill i		
MOTHER	16. BIRTHPLACE (city or to (State or country)	OWR)	1		Accidant, sulcida, or homicide?		
17. INFORMANT Officer Stanly Earl (Address) Essex Police Station					Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR Place The Fas	almo Hom	Date Tel	/6 ,1932	Manner of Injury		
10000					24. Was disease er injury in any way related to occupati	on of deceased?	
20.	FILEO Lt. 16,	193- 16	n. B.6	Registrat.	(Signed) Jacola Hallman	1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance: Gallstones	311 1000	Other contributory causes of importance:	
Gustoreto	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BIN
FOR
N RESERVED
MARGIN

County Ball		2		Regis	stration Dist. No. 44	
Length of rasidence in cit		death occurred	yrs,, mos	death occurred in a hospital or institution, give it. ds. How long In U.S. if of foreign b	ts NAME instead of street and number)	
(a) Residence: No		(Usua) place	e of abode)	St., Ward.	nresident give city or town and State	
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFI	CATE OF DEATH	
3. SEX 4. COLOI Jernale 11 5a. If married, widowed, or divo	hile	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Jebrus (Month)	ary (6), 1932 (Year)	
HUSBAND of (or) WIFE of	rced			22. I HEREBY CER	TIFY, That I attanded daceased from	
(01) 11112 01				, 19	, to	
6. DATE OF BIRTH (month, day	, and year)			1 last saw h alive on	; death is said	
7. AGE Years	Months	Days	If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and rela were as follows:		
8. Trade, profession, or pa kind of work done. SAWYER, BOOKKEE 9. Industry or business In work was done, as S SAW MILL, BANK, e	as SPINNER, PER, etc			Shas Infamed floating is a fact	ar Crack	
Q. Data deceased last wor this occupation (more year)	kad at nth and	sqs.	time (years) ent in this cupation		<i>V</i>	
12. BIRTHPLACE (city or town) (State or country)				Other Coutributory Causes of importanca:		
13. NAME						
14. BIRTHPLACE (city or to (State or country)	wn)			Name of operation	Data of Was there an autopsy?	
15. MAIDEN NAME				23. If death was dua to external causes (VIOL		
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn)	••		Accidant, suicide, or homicide?		
17. INFORMANT	a Story	nly for	arl			
18. BURIAL, CREMATION, OR R		Date Fix	U/6 ,1932	Manner of injury		
19. UNDERTAKER (Address)	mle f	Smel	ly	24. Was disease or Injury In any way ralated If so, specify		
20. FILED 7-416 ,	1932 901	my 6	melly Registrar.	(Signed) acologially	nantoroner M.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	r.Longage	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 5 1002	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DURRAU V.S.	July 5,1927	Peritonitis	3 days ago
Other centributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAI	ND—CERTIFICATE OF DEATH (1144)
1. PLACE OF DEATH	<u> </u>
County Sallallol	Registration Dist. No. 3
Village or City Swear	NoSt,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2. FULL NAME Unknown	John Dre
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	A, ,
4. COLOR OR RACE S. SINGLE, MARRIED, WID OR DIVORCED (write the	OWED, a word) 21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HU3BAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19, death Is said
7. AGE Years Months Days If LE	SS than to have occurred on tha date stated above, atm.
Newborn c Iday,-	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hound dead on lobesafieshe Oate of onset
	Cround Jawon su Feb. 6
B. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
Dete decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Unknown	Other Contributory Causes of importance:
(Stata or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Deta of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME UNBUSTON 16. BIRTHPLACE (city or town)	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT	Whera did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL PIECE CHURSLOUSE DELE FILL	Mannar of Injury
19. UNDERTAKER John Burns Sons	24. Was disease or Injury In eny wey releted to occupation of deceased?
20. FILED THE 6 , 193 2 15- P. Buft	(Signed) Man Durley Coroner M. D. gistrar. (Address) Aveou M. D.
V. T.	Resistrat. 2411 N. Charles Street Bellimore Requesting 7) S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	July 5,1927 Peritonitis Other contributory causes of importance:

should state item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				23	
County Balt	imore			Registration Dist. No.	
Village or City_ M	t. Wilson	n - Mt.	Wilson	Branch, Md. Tuberculosis Sanat	orium Ward
			(16	death occurred in a hospital or institution, give its NAME instead of street and 2 ds. How long in U.S. if of foreign birth?	
			yi3,	Born in Pennsylvania.	103 03.
2. FULL NAME	700C Ti		Brookly	n, Baltimore, Md.	
(a) Residence: No.	3906 Fi	(Usualplace		St., Ward. If nonresident give city or town and	1 81-1-
PERSONAL AI	ND STATISTIC			MEDICAL CERTIFICATE OF DEATH	1 Diate
	-		RRIED, WIDOWED.	21. DATE OF DEATH	
Male White OR DIVORED (write the word)			D (write the word)	February 25th	, 1932 . (Year)
5a. If merried, widowed, or div HUSBAND of					
(or) WIFE of	Haze]	L Uptor	1	22. I HEREBY CERTIFY, That I ettended	deceased from
	2		35 3000	Feb. 23rd, 19 32 to Feb. 25th	, 1924 .
6. DATE OF BIRTH (month, d				last saw him alive on Feb. 25th, 1932	.; death is said
7. AGE Years 4.2	Months	Days	If LESS than	to have occurred on the date stated above, at 10.50.m2.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	5	10	or min.	were as follows:	Date of onset
8. Trade, profession, or kind of work done	as SPINNER,	Machini	g t.	Dull management that have a little and the little a	
SAWYER, BDOKKE	LEPER, etc.		••••••••••••	Pulmonary tuberculosis	
kind of work done SAWYER, BDOKKE SAWYER, BDOKKE SAWYER, BDOKKE Work was done, as SAW MILL, BANK ID. Date deceased lest w	SILK MILL.	?			-
1D. Date deceased lest w	orked et		ime (years)		
this occupation (m	Ist, 1932	Sp.	ntin this 28		
12. BIRTHPLACE (city or town	, ?			Other Cantributory Causes of importance:	
(State or country)	Pennsyl	lvania		Spontaneous pneumothorax	Feb.
# 13. NAME Edm	und Uptor	1			1932
14. BIRTHPLACE (city or	?			Name of operation No operation. Date of	
(State or country)		and.		What test confirmed diagnosis? X-ray examination was there an	1. No
15. MAIDEN NAME	Alice Col	llins		23. If death was due to external causes (VIOLENCE) hill in also the following	ltum.
I	9			Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city er	25 2	and.		Where did injury occur?	, 13
Hog	el Upton			(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	
17. INFORMANT 118.2 (Address) 3906		Brook	rlyn Md	opening whether injury occurred in interest in, in nome, or in register re	NUL.
18. BURIAL, CREMATION, OR		/	. 1	Manner of injury	
Placeled at 2	all lamiting	Date 2/	1932	Nature of Injury	
19. UNDERTAKED	7 Farens	nia v x	for	24. Wes disease or injury in any way related to occupation of deceased?	No
(Address) / 9	386.4	Jan 1	to ave.	If so, specify	
10 2	22 1	PA	P -0.0	(Signed) John U. Dwell	M. D.
20. FILED.	, 1932	ماندف	Registrar.	(Address Mt. Wilson, Md.	

If more blanks are needed, address State Registrar, 2411 N. Challes Syeet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Conductal homographics WAR 2 1952	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gasiroenteritis	1 year

1. PLACE OF DEATH	482 962
County Ballingerto	Registration Dist. No.
Village or City temmes New 1	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME AND CONTROL OF THE CONT	sds. How long in U. S. If of foreign birth?yrsmosds. St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27th 193 2
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaar) / 13/9/3 7. AGE Years Months Days If LESS than	I last saw h aliva on
6 3 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date cased last worked at this pecupation (month and separation this pecupation).	Organio Heart Disease indint
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) 11. Total tima (years) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 12. BIRTHPLACE (State or country)	
13. NAME flow H. Veney	
13. NAME 14. BIRTHPLACE (city of town) (State or country)	Name of operation Data of What test confirmed diagnosis Physical De Was there an autopsy?
15. MAIDEN NAME Kingolda Scott	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide?
17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Malate. Mul. 4., 193.2	Manner of Injury
19. UNDERTAKER STATE OF THE STA	24. Was diseasa or Injury In any way related to occupation of dacaased? If so, specify
20. FILED ffluct 1932 J. O. Cornella Registrar.	(Signed) 1534 - Smid LOLCon Bulk Me

CTATE OF MADVI AND

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ابد	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11911
100	state	1. PLACE OF DEATH	90
	ould	County Dalleur	Registration Dist. No.
1	should f OCC	W. / //	
- :	sho of C	Yillage or City I Candalla Comment	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		Length of residence in city or town where death eccurred yrs mos.	ds- How long in U.S. if of foreign birth?yrsmosds
,	Every CIANS ement	2. FULL NAME 9, Ella Ward	
		(a) Residence: No. Randallelyun	St., Ward.
	St Z	(Usual place of abode)	If nonresident give city or town and State
	PHYSI Fxat sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
		1 Marries	(Month) (Day) (Year)
BINDING	A C T I	5a. If married, widowed or divorced HUSBAND 97	
IQ :	A C ssi	(or) WIFE of hour . Trand	22. THEREBY CERTIFY: That I ettended deceesed from
Z	CNE	Q ₁ · 1	F1 - 1 - 3)
B	ate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last sew h
H.	stated E properly certificate	1. Age lears months bays 11 Leas than 1 day,hrs.	to have occurred on the date stated abovo, etm. The PRINCIPAL CAUSE OF DEATH and selated causes of importence.
FOR	stated proper	Or nor or min.	mer as follows: Date of onset
- 7	be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	CMU TRUNKERY NESS
E	4	SAWYER, BOOKKEEPER, etc.	
R	should it may n back	work was done, as SILK MILL, & horse	
SE	it sh u	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (might and spent in this	
RESERVED		year)	
	NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
ARGIN	d.	(State or country)	12 Cen Contengation
RG	UNFA upplied terms,	13. NAME IS hu lenegoy	
IA	0 4 5 C	13. NAME 1 14. BIRTHPLACE (city or town) Martyland (State or country)	Name of operation Date of
5	= -= 70	(State or country)	Whet test confirmed diagnosis?
D	with efully sin in plain ant. Sea	15. MAIDEN NAME / Lancaret Ports	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
		15. MAIDEN NAME / LOCALET / COLD	Accident, sulcide, or homicide?
	be casATH	State or count	Where did injury occur?
	Id be car DEATH y import	25 100-1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
	hould OF D	17. INFORMANT (Address) Roundalla form me	openity and an injury december in the control in the met, of the control
7	9 40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
1)		Plece/NT Weeks Date 7 C 10,195 2	Neture of injury.
	mation s CAUSE TION is	la Blinde	24. Wes diseese or injury in any way related to occupation of deceased?
	HCH	19. UNDERTAKER 1003 Chracking of	If so, specify
. No.	À (7)	24101 3Vm h. B. 130.7	(Signed) The 2 Markey M.
Þ. ;	$\dot{z}(1)$	20. FILED	(Address) Randallaton ma
			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.

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elones	May 1,1923	Gastroenteritis	1 year

M	ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-	/
FOR BINDING	IS A PERMANENT REC	tated EXACTLY. P	properly classified. Exac	ertificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	WRITE PLAINLY, WIT	mation should be carefull	CAUSE OF DEATH in pl	TION is very important.

	CERTIFICATE OF DEATH (11450)
1. PLACE OF DEATH	93-6
County Ballo	Registration Dist. No.
	No. St., Wardeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 30 yrs, mos.	ds. How long in U.S. If of foreign birth?yrsmosd
(a) Residence: No. Owings Mulb (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male I follow or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH 7 2 8 , 193 7 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of Martha a. If armer	22. HEREBY CERTIFY. That I attended deceased fro
DATE OF BIRTH (month, day, end year) March 31 1866	I last (a) h alive on Tb Z 7 , 19 Z ; death is sa
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Myocaidals & Cardiac 1929
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and 1992) spent in this	& Dieser
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and 1929 spent in this occupation)	
2. BIRTHPLACE (city or town) Penna (State or country)	Other Contributory Causes of Importance: Observe Carden Deletaler
13. NAME Sustavus M. Hamor	
13. NAME Sustavus M. Harner 14. BIRTHPLACE (city or town) - Menharour (State or country)	Name of operation Date of X What test confirmed diagnosis? Stellhoscoper Was there an autopsy? Les
15. MAIDEN NAME Anglia Caldrell	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anglia Caldrell 16. BIRTHPLACE (city or town) - Batto-City (State or country)	Accident, suicide, or homicide?
7. INFORMANT Claude It armer (Address) () worse Mills Mid	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Louden Park Cena Date Mar. 2, 1932	Manner of injury
9. UNDERTAKER) F. & line + Sans (Address) Dusting town Mid	24. Was disease or injury In any way related to occupation of deceased?
O. FILED Feb 28, 1932 1 16, M. Slade Registras.	(Signed) Kunbus M. (Address) Glyntur Vud

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BUREAU V.S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County / Pallucce	CERTIFICATE OF DEATH
Village or City Caturalle Hold. Jon	Registration Dist. No. 30 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH)
6 DATE OF BIRTH Sull Z 7, 1813 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 17 1920. to 7 1962 that I last saw hamalive on 200 5 192
7 AGE Syrs. 2 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Frefectul attendant (b) General nature of industry	Gueral Varen
business, or establishment in which employed or (employer) Westal Huft. 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Jarrelal Werren	(Signed) (Duration) Syra mos de (Signed) (M. D. D. Cathery Colle Week)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Control Control	At place of death
(Informant) acuse Markette	if not at place of death? Former or usual residence / 3 2 2 Wirlam & Balto
(Address) 1322 Werton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 / 9 , 193- 20 UNDERTAKER ADDRESS
Filed 9/6 1987 719 Tella Registrar	Harry H. withe 4/0/ Edmandson ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. Que

PERMANENT RECORD should be stated EXACT

FOR IS A

RITE PLAINLY, WITH UNFADING INK-THIS I

BINDIN

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesfirst line will be sufficient, e. g., Farmer or Planter Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal mine, etc. Wom-6 Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) use of "Tumor" American Medical Association.) Examples: Accidental drowning; Struck by railmay traincan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. affection need Always qualify all The contributory not be

If this certificate is looked over thoroughly and all questions answering detail, it will never further orrespondence. All the data is essential or must intrided before the certificate is permanently med.

7661 L. 1 833

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1145	STATE	OF	MARYI AND-C	CERTIFICATE	OF	DEATH	019	()	1
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SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Ballyniae	Deside the Rid No. 30.2
Village or City Mikrsville Mnd	No. St., Ward feeth occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Humah M. Halls (a) Residence: No. 16 Halls (Usual place of abode)	s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 16 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Multan Halls	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at about 3-30 PML. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, Advanced by SAW MILL, BANK, etc. 10. Date deceased last worked et his occuration (month) and	were as follows: Atuniflegia astacs apoply
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and yeer)	Other Contributory Causes of impossance
12. BIRTHPLACE (city or town) (State or country) LI 13. NAME Francis Disworth	Celinomic benights
13. NAME Francis Diburath 14. BIRTHPLACE (city or town) Juland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Aco
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT H. Multan Dratts (Address) 16 Walkers ave Pikesville Mid	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Print Ring Born. Date F. 10. 1932	Manner of Injury
19. UNDERTAKER John Line & Sons (Address) Reisterstown Md	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 2-17, 1932 Ja & & Techels Registrar.	(Address)

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Gallstones	May 1,1923	Gastroenteritis	1 year

1					STATE OF	MARYLAND
County	Baltimore	a e swętą kwogo sposoburantow		108		TE OF DEATH
	City Hebbville		N W E	Mill Road	Kegistratio	(16.1 -1 7.1
PERS	SONAL AND STATIS	STICAL PARTIC	ULARS	MED	ICAL CERTIFICAT	E OF DEATH
3 SEX Female	4 COLOR OR RAC	5 SINGLE. MARRIED. WIDOWED. OR DIVORCE (Write the word	D	16 DATE OF DEAT	гн Februar	y 8 , 1932
6 DATE OF		ber 29	, 1875 (Year)	Jish	BY CERTIFY, That i	attended the deceased from
7 AGE	56 yrs. 2	mos. 10 de	If LESS than I day hrs. or min.?		curred on the date ata	ated above, at 11 a 30 Pm.
	kind of work					
(b) General business, of which emp	al nature of industry or establishment in bloyed or (employer)	A 1 17	ne	Contributory Secondary	Justial &	y10 mos 4 de.
(b) General business, combich emp 9 BIRTHPLA (State of FATH	al nature of industry or establishment in bloyed or (employer) CCE r country) Woodlar E of ER Henry	At Hom	ne	Contributory Secondary (Signed)	Station & (Duration)	3 - Уто пров
(b) General business, of which emp 9 BIRTHPLA (State of FATH o	al nature of industry or establishment in ployed or (employer) CCE r country) Woodla: E OF ER Henry	At Hom	ne	Contributory Secondary (Signed) G	Duration) (Duration) (Address) 4509	Jyrs mos de. M. D. Liberty Heights Av
(b) General business, of which emp so BIRTHPLA (State of State of	al nature of industry or establishment in bloyed or (employer) CCE r country) Woodlar E OF ER Henry HPLACE ATHER Frankfor te or country) DEN NAME	At Homwn, Maryland	ne	(Signed)	(Duration)	3 - Уто пров
(b) General business, of which emp shirthplane (State of State of	al nature of industry or establishment in ployed or (employer) CE r country) Woodla E OF ER Henry HPLACE ATHER Frankfor te or country) DEN NAME OTHER Ca: HPLACE HPLACE HPLACE	Maryland T. Reiblich t, Germany	ne	(Signed)	(Duration) (Address) 4509 Disease Causing December 1 (1) Means of tal or Homicidal. RESIDENCE (For Horesidents) In	M. D. Liberty Heights Av Ath, or, in deaths from Injury and (2) Whether
(State of Medical Control of Med	al nature of industry or establishment in bloyed or (employer) CCE r country) Woodla: E OF ER Henry HPLACE ATHER Frankfor te or country) DEN NAME OTHER Ca: HPLACE OTHER G.	At Homwon, Maryland T. Reiblich t, Germany roline Hohma	ne an	(Signed)	Duration) (Duration) (Durati	M. D. Liberty Heights Av Ath, or, in deaths from Injury and (2) Whether spitals, Institutions, Trans-
(State of Manager of M	al nature of industry or establishment in ployed or (employer)	At Home war, Maryland T. Reiblich t, Germany roline Hohma ermany stof My Knowl ice Weidemey St.	an LEDGE	(Signed)	(Duration) (Durat	M. D. Liberty Heights Av Ath, or, in deaths from Injury and (2) Whether spitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EALT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of infor-	STATE OF MARYLAND— 1. PLACE OF DEATH County To alk more	Registration Dist. No. A had 36	
iten sho of	Village or City 3 a way (If the Length of residence in city or town where deeth occurred yes 8 mos	No.	
CORD. Every PHYSICIANS oct statement	2. FULL NAME Charles maevie who	:+=	
RECORD. PHYSI Sxact stat	(a) Residence: No. 2721. Annapulis Rd (Usual place of abode)	St., Ward. If nonresident give city or town and State	
a P C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
T.Y.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The family of the color of the	21. DATE OF DEATH Jelruary (Month) (Day) (Yeer)	
O A A	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY. That I ettended deceased from 19.32 to Feb. 12 19.32	
BIND PERMA E X A Iy class	6. DATE OF BIRTH (month, day, and year) June 4, 1931	I last sew h we elive on Feb 12 1932; death Is sain	
FOR BISA PE stated E properly certificate	7. AGE Years Month's Days if LESS than 1 dey,hrs.	to have occurred on the date stated above, at // :/> The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset	
VED THIS Id be ay be ck of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Gulm. Tube aelosis 10/15/	
INK INK S sh t it	year) occupation	Other Contributory Causes of Importance:	
A 7m	12. BIRTHPLACE (city or town) Balto, md-		
MARGIN RE UNFADING supplied. AGI n terms, so tha	(State or country) 13. NAME Charles white	Juberulous mennyather 2/6/3	
MA I U Sup sup in to	14. BIRTHPLACE (city or town) Ballow (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis? Was there an au opsy? "I	
WITI efully in plan ant.	15. MAIDEN NAME margaret fritz.	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
INLY, W. be carefu EATH in important.	15. MAIDEN NAME margaret fritz- 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
ADIO	17. INFORMANT Mother (Address) 2721. Congrowth Park	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
F=1 10	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
T T	Place do victor aspie Met. 13, 1931	Neture of Injury	
WARIT mation CAUSI TION	19. UNDERTAKER & Schloman + way (Address) 1029 Hugover At	24. Was disease or Injury In any way related to occupation of deceased? If so, specify	
V. S. N. B.	20. FILED Feb., 13, 1932 17/8 Beer Registrar.	(Signed) a. H. fulkels fell M. (Ardress) Endouvor Lanatonicus	
	If more blanks are needed, address State Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Joursm., Mo	

Born in Rallinia

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

N. B.-

^	SI-	1PLACE	OF	DEAT
(M)	HY	County B	alt	imore

Village or City

DEATH

Woodlawn

(No.

If more bianks are needed, address State

(22-a)

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registr	ration D	ist. No.	2/
Dogwood	Road	St.:	.Ward)	(If death a hospital	occurred in or institu-

Megistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

	2FU	JLL NAMES	Sallie J. Widerman	tion, give its NAME is stead of street and number.)
	PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	remale	4 COLOR OR RACE White	single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	February 11 , 192K32 (Month) (Day) (Year)
6	DATE OF BI		- 3, 1853 , 1	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to 1928 to 1928 that I last saw her alive on 1823 2
	AGE OCCUPATION		l dayhrsmin.	The CAUSE OF DEATH * was as follows:
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	b) General a	nd of work nature of industry establishment in yed or (employer) puntry) Frederic	Housewife ck County, Md.	(Durstion) Contributory Secondary (Durstion) (Durstion) (Durstion) (Durstion) M. D.
NTS	11 BIRTHP	LACE	nown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
ARE	12 MAIDER OF MOT	M P.	. Towson	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHP OF MOT (State o		nknown	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14	THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
15		wess) Woodlawn, M		Mt. Olive Cemetery o undertakes address 1003 West

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Furnier (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BURLLAU

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease etc. The contributory

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should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01454
1. PLACE OF DEATH	947
county Balling County	Registration Dist. No.
Village or City Kuyton Met	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel Filliam Triles	
(a) Residence: No. The ston mid	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH 4 Tomas 23", 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
Horeuce Spoppord Wiley	22. Y I HEREBY CERTIFY. That I attended deceased from Tehning 14 1932 to February 237 1922
6. DATE OF BIRTH (month, day, and year) Warch 17 - 1878	! last saw have alive on three 22 (,1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
53 53 (Iday,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER and trial V Consulting	4
kind of work done, as SPINNER and theal & Consulting SAWYER, BOOKKEEPER, etc. 19. Industry or business in which	Chronos of the Coronery Artery
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Caatributery Causes of Importance:
12. BIRTHPLACE (city or town) Comberst, Mass.	
(State or country)	
13. NAME Jamuel William Wiley,	
(State or country)	Name of operation Date of Date of What test confirmed diagnosics Clinical Confirmed above and the property of the confirmed diagnosics Clinical Confirmed above and the confirmed above above and the confirmed above and the confirmed above and the confirmed above above and the confirmed above above above above and the confirmed above ab
15. MAIDEN NAME Horence Isabelle Remission Shot	was there an autopsyr
2.411 11.1.1	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town). 2000 Marie (State or country) Marie	Where did injury occur?
17. INFORMANT S. W. Wiley Jr.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ruxton, Md.	
18. BURIAL, CREMATION, OR REMOVAL Place Combers Mass. Date Feb 24 1932	Manner of injury
Place Date I Date I M A M 199	Nature of injury
19. UNDERTAKER Alusy Menkens ada keo	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Obelieved rifing aboth	If so, specify
20. FILED	(Signed) M. D. (Address) Ruston Ind
ale registar.	VIOLETTO CONTROL TO CO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis L. L	1921	Run over by street car	S weeks goo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			-
		7.7	4 - 50
Other contributory causes of importance:		Other contributory causes of importance: .	
Gallstones	May 1,1923	Gastroenteritis	1 year

(N)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
ADING C	MANENT RECOR	ACTLY. PHY	lassified. Exact	
MARGIN RESERVED FOR BINDING	HIS IS A PER	be stated E X	be properly cl	of contificato
N RESERVE	ING INK-TI	AGE should	o that it may	44
MARGIN	VITH UNFAD	ully supplied.	plain terms, s	
•	E PLAINLY, V	should be caref	OF DEATH in	MICH : Land the state of the st
V. S. M.	N. B.—WRITI	mation	CAUSE	- TROTH

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1)450
1. PLACE OF DEATH	115-2
County Balto.	Registration Dist. No.
Village or City Dundalk	No. 6903 Redgeway Road St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if 6f foreign 6irth?yrsmosds.
2. FULL NAME John J. Will	liamson,
(a) Residence: No. 6903 (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male. I hite OR DIVORCED (write the word)	(Month) (Oey) (Yeer)
Sa. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from February 2 1132 to February 25 1932
144 5-oh 1957	Hast saw him alive on Pelanun 25 1932 death is said
5. DATE OF BIRTH (month, day, and yeer) Wild 3 = 992 7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at 73% m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows: Sentic sore throat 2-20-32
kind of work done, as SPINNER, Child	
Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spant in this occupation occupation occupation	
Box Dad	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Salto, Ind.	Backerina and 22732
13. NAME George Williamson	- vaccina
1 A 1+ 7-1	Name of operation
14. BIRTHPLACE (city or town) / 200000 Mac	What test confirmed diagnosis The . Zaam ' Was there an eu opsy? "To
15. MAIDEN NAME Caroline (Rolled.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Balto - Wild.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT George Williamson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6933 Ridgeway Road	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wilk dawn Din Detro 3.7, 1922	Nature of injury.
19. UNDERTAKER Lelly Y Zeiler Inc	24. Was disease or injury In eny way related to occupation of deceased?
(Address) 403 St. Walfs st	If so, specify
20, FILED 127 3 29 8 / Marcy	(Signed) M. (M. (Market) M. (M. (M. (M. (M. (M. (M. (M. (M. (M.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
,, ,,, ,,, ,,, ,,, ,,, ,,, ,,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	DI DI PHO
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1932	July 5, 1927	Peritonitis	3 days ago
PURRAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

V. S. No.

1. PLACE OF DEATH	/	93-0
County Villennon		Registration Dist. No.
Village or City Leftenson	ille, mit	No. No. Was death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death of	occurred yrs mos	ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME / SUMAL	y The Ma	uls
(a) Residence: No. // 0 S	Wallston My (Usual place of abode)	/ St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL SERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S.	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH
a. If married, widowed for divorced	muna	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Jarah Ann	w Mille	22. i HEREBY CERTIFY. That t attended deceesed from 31ec 26, 1932, to July 26, 1933
. DATE OF BIRTH (month, day, end year)	- 2 NUL 1869	I last sew h sere elive on Fredo 24 1932; death is se
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10 1 m.
72 -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trede, profession, or particular	1 1	Date of ona
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	shimusue	Chronic My ocarditis unpu
9. Industry or business in which work was done, as SILK MILK.	0 Pizz 60	
work wes done, as SILK MILK, SAW MILL, BANK, etc	angual sil	4
10 Dete deceesed lest worked at this occupation (month end year)	11. Total time (years)	
1111	occupation	Other Contributory Causes of importence:
2. BIRTHPLACE (city or town) (State or country)	min	
The state of the s	maryland	
13. NAME FUN VIII	Wy \	
14. BIRTHPLACE (city or town)	Slampary.	Name of operation
(State of country)	9	What test confirmed diagnosis? Clinical tests Was there en eutopsy? . W
15. MAIDEN NAME MANY JAM	rayyuncol	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME MANY JANA 16. BIRTHPLACE (city or town)	limine	Accident, suicide, or homicide?
(Stete or/country)	7 mm	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT // // // (Address)	attism	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 /64	Menner of injury
Place Maper Mile So	1e 2/24/19JV	Neture of injury
9. UNDERTAKER MALLEU S. (Gartson 1	24. Was disease or injury in any wey related to occupation of deceased? No
(Address)	sintune st	If so, specify
20. FILED	Spelliea	(Signed) Errest of person fr. M.
129 01/00	*Registrar.	(Address) Filed - augusta aides Ballo h

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR	July 5, 1927	Peritonitis	3 days ago
BUERRU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

Village or City Actors of County Village of of Coun	SIAIL O	F MARYLAND—	CERTIFICATE	OF DEAT	H 61	457
Village or City Atomania (if death occurred in shorpital or institution, give its NAME intended of steet and number) Length of residence in city systown where death occurred with the steet of the steet and number) 2. FULL NAME (a) Residence: No. / O. (Usual place of shodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLORYOR RACE 5. SINGLE MARIED. 5. SINGLE MARIED. 6. DATE OF BIRTH (month, day, and years) 4. COLORYOR RACE 5. SINGLE MARIED. 6. DATE OF BIRTH (month, day, and years) 7. AGE 7	lad		210-m		21	
Length of residence in city optown where death occurred yrs yrs ds. How long in U.S. II of foreign birth? yrs mos ds. How long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? yrs how long in U.S. II of foreign birth? how long in U.S. II of foreign birth? how long in U.S. II of foreign birth? .	// -	. 10	R	P 1 - 11	l. No. 3-0	
2. FULL NAME (a) Residence: No. / O. D. C.		(1	No. Leauway e	ion, give its NAME in	St.,	number)
(a) Residence: No. / O CUUNIPLEACE (UNUNIPLEACE ADDRESS) PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR/OR RACE Off WYO/CED Corpletin ends Off WYO/C	1.	eath occurredyrs,mos	ds. How long in U.S. if of	f foreign birth?	yrsm	osd
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Place Saltunion Class. Date 1. 9., 1932 Nature of Injury 19. UNDERTAKER MUX (Address) 801 W. Jewish San (Address) 801 W. Jewish San (Signed) (Signed) M. (Address) M. (Addres		of It Bullingia	lef.			0
19. UNDERTAKER WY Was disease or injury in any way releted to occupation of deceased? (Address) 801 W. Jewish Sou (Signed) (Signed) M. Registrar. (Address) (Address) (Address) (Address) (Address)	id a 1t wind on	- Fel 8 . 27	Manner of Injury		••••••	
20. FILEO 2/6 , 1937 A County (Signed) (Signed) M. Registrar. (Address)	A A	_ Date	Nature of Injury			
20. FILEO 2/6 , 1937 Ablanties (Signed) But 1 How Cle M. (Address) along wille	19. UNDERTAKED WY MUS	V. Tenfel Son		y releted to occupation	of deceased?	1
	20. FILEO 2/6 , 1937 S	Guerres	(Signed)	is WIT	owi	elm.
	All 15				JUXXE	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were as Arterioselerosis	f death and related causes follows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 4 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S	1-1			
Other contributory ca		3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
•					
		ļl			

N. B. WELDE

V. S. No. 1

DI ACE OF DEATH

STATE OF	MARYLAN	D-CERTIFI	CATE C	F DEATH
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01458

I I LACE O	PEATH					
County	Baltimore				Registration Dist, No. 35	de
		Lson			.Mt. Wilson Branch, Md.	Ward
				7 7	f death occurred in a hospital or institution, give its NAME instead of street and no	umber)
					Born in Maryland.	sds.
FULL NA	ME Jennie	A.	Wrote	en en	MANA-20	
(a) Residence: No. 310 N. Broadway (Usual place of abode)					St., Ward. Baltimore, Md. If nonresident give city or town and S	State
PERSON	AL AND STATE	STICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	4. COLOR OR RACE White		OR DIVORCE	D (write the word)	21. DATE OF DEATH February 8th (Month) (Day)	1932 . (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Wroten					22. I HEREBY CERTIFY, That I attended d	eceasad from
ATE OF BIRTH	(month 1 1	ato	har 17	3 1910		
		1				; death is said
21	3		26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.					Pulmonary tuberculosis	May
kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, At home only. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this programming from the state of the s				ıly.		1930
this occu	pation (month and	?	sper	nt in this ?		
					Other Contributory Causes of Importance:	T 05
I3. NAME W	illiam Cus	sick				Jan. 25 1932
13. NAME William Cusick 14. BIRTHPLACE (city or town) Maryland (?) (State or country)					Name of operation No operation Date of What test confirmed diagnosis? X-ray and Sputum Was there are an au	exam.
15. MAIDEN NA	ME Tiny Ph	nill	ips		23. If death was dua to external causes (VIOLENCE) fill in also the following:	
		iryl	and.		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Louis R. Schuerhols				holy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL				.10 1-	Manner of injury	
Place Correley Coate a JUL C. 19.3.2					Nature of injury	
19. UNDERTAKED ASSULT BY LITE					24. Was disease or Injury in any way glated to occupation of deceased?	Ng
PILED 2 + 8	1032	IV2	6.6	Techolo	(Signed) 10 hu 1. Twett	√ M. D
	Village or (Length of res der PERSON SEX Length of Resider PERSON SEX Length of Resider OATE OF BIRTH AGE Ver Lind of SAWYER SAW MIII 10. Data deceast his occuryear) Lind of Citate of Lind of Resider	Length of residence in city or town will 2. FULL NAME (a) Residence: No. 310 N PERSONAL AND STATI SEX 4. COLOR OR RACE Pemale White If married, widowed, or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) (Stata or country) 13. NAME WILLIAM CUS 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME TINY 16. BIRTHPLACE (city or town) (Stata or country) NAS BURIAL, CREMATION, OR REMOVAL Place UNDERTAKER UNDERTAKER UNDERTAKER WILLS UNDERTAKER UNDERTAKER WILLS WILLS UNDERTAKER UNDERTAKER WILLS W	Village or City Mt. Wilson Length of residence in city or town where death 2. FULL NAME Jennie A. (a) Residence: No. 310 N. Br PERSONAL AND STATISTICA SEX 4. COLOR OR RACE 5. Female White If married, widowed, or divorced HUSBAND of (or) WIFE of ? DATE OF BIRTH (month, day, and year) Octo AGE Years Months 21 3 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business ILK MILL, At h SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) Marylan (Stata or country) Marylan 13. NAME William Cusick 14. BIRTHPLACE (city or town) Marylan (State or country) INFORMANT OSTATION, OR REMOVAL Place Country UNDERTAKED WALLS UNDERTAKED WALLS UNDERTAKED WALLS UNDERTAKED WALLS UNDERTAKED WALLS UNDERTAKED WALLS WILSON UNDERTAKED WALLS UNDER	Village or City Mt. Wilson Length of residence in city or town where death occurred PERSONAL AND Jennie A. Wrote (a) Residence: No. 310 N. Broadway (Usual place PERSONAL AND STATISTICAL PARTIESEX 4. COLOR OR RACE S. SINGLE, MAR OR DIVORCE Married, widowed, or divorced HUSBAND of (or) WIFE of Wrote Married, widowed, or divorced HUSBAND of (or) WIFE of Wrote Married, wido work done, as SPINNER, BOOKNEEP R. etc. 9. Industry or business ILK MILL, At home or SAW MILL, BANK, etc. 11. Total tithis occupation (month and year) work was done, as SILK MILL, At home or SAW MILL, BANK, etc. 11. Total tithis occupation (month and year) waryland . BIRTHPLACE (city or town) Lakeville (Stata or country) Maryland . 13. NAME William Cusick 14. BIRTHPLACE (city or town) Maryland . 14. BIRTHPLACE (city or town) Maryland . 15. MAIDEN NAME Tiny Phillips 16. BIRTHPLACE (city or town) Maryland . 16. BIRTHPLACE (city or town) Maryland . 17. Maiden NAME Tiny Phillips 16. BIRTHPLACE (city or town) Maryland . 18. MAIDEN NAME Tiny Phillips 16. BIRTHPLACE (city or town) Maryland . 19. Maryland . 10. Maryland . 11. Maryland . 12. Maryland . 13. NAME William Cusick Maryland . 14. BIRTHPLACE (city or town) Maryland . 15. MAIDEN NAME Tiny Phillips Maryland . 16. BIRTHPLACE (city or town) Maryland . 17. Maryland . 18. Maryland . 19. Maryland . 19. Maryland . 10. Maryland . 10. Maryland . 11. Maryland . 12. Maryland . 13. NAME Wilson Maryland . 14. BIRTHPLACE (city or town) Maryland . 15. Maiden Name Tiny Phillips Maryland . 16. BIRTHPLACE (city or town) Maryland . 17. Maryland . 18. Maryland . 19. Maryland . 19. Maryland . 19. Maryland . 10. Maryland . 10. Maryland . 10. Maryland . 11. Maryland . 12. Maryland . 13. NAME William Cusick Maryland . 14. BIRTHPLACE (city or town) Maryland . 15. Maryland . 16. BIRTHPLACE (city or town) Maryland . 17. Maryl	Village or City Mt. Wilson Length of residence in city or town where death occurred lyrs l.mos FULL NAME Jennie A. Wroten (a) Residence: No. 310 N. Broadway (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married White Wroten PATE OF BIRTH (month, day, and year) October 13, 1910. MGE Years Months Days If LESS than Iday, hrs. or main. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SIK MILL, At home only. SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) Waryland. 13. NAME William Cusick 14. BIRTHPLACE (city or town) Maryland. (State or country) Maryland. 15. MAIDEN NAME Tiny Phillips 16. BIRTHPLACE (city or town) Maryland. 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Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corcbral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICI.	AN
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ciassified RECORD (If death occurred in St :---- Ward) a hospital or institusion, give its NAME instead of back of certific Lumber.) CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL 16 DATE OF DEATH 1 COLOR OR RACE 5 SINGLE, should be it may be WIDOWED (Month) (Day) OR DIVORCED (Write the word) BINDING that instructions (Month) (Day) (Year) and that death occurred on the date stated above, at 80 7 AGE If LESS than supplied day hrs. terms See 8 OCCUPATION (a) Trade, profession or piain particular kind of work. important. (b) General nature of industry business, or establishment in __ which employed or (employer). Centributory I 9 BIRTHPLACE Secondary (State or country 田田 ARGIN very 0 10 NAME OF FATHER 1±0 00 IL BIRTHPLACE tol Z ENT THE CAUSE OF FATHER State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether (State or country Accidental, Suicidal or Homicidal, 0: 12 MAIDEN NAME d 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs. ... mos. da. State. ... YI6 IDOS 0 (State or country) 0 Where was disease contracted, shoui 10 if not at place of death? ... Every item CIAMS shot statement o usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL of more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salceman, (1) Grocery; additional line is provided for the latter statement; it 1 ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, apecially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrwam, Cook, to report specifically the occ pations of persons enployed, as At "chool or At home, Care should be taken work, or At Home, and children. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material should be used only when needed. whatever, write None. ured 6 yes.). For persons who have no occupation l'usiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of ocetc., without more precise specification as Day For many occupations a single word or term on -Coal mine, etc. Womnot gainfully em-As examples: (a)

Registration of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebyospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

use of "Tumor" for malignant neoplasms); Measics; niges, peritonaeun, etc., Caroinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tubercaloris of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway State cause ment of cause of death approved by Committee Somenclature of the American Medical Association.) of "contributory." For VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular (Recommendations on state-Example: Measles (disease heart disease; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.